



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

**2004 JUL -9 P 2:45**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

River Ridge Senior Community

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Superior Properties, LLC</u>	<u>2927 Fairview Ln.</u>
<u>W 31673</u>	<u>American Falls, ID 83211</u>

3. The general type of business transacted under the assumed business name is:

- |   |  |
|---|--|
| <input type="checkbox"/> Retail Trade                                   | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                                | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Superior Properties, LLC  
2927 Fairview Ln.  
American Falls, ID 83211

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

\_\_\_\_\_

Signature: Russell Ruff

(signature required)

Printed Name: Russell Ruff

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/09/2004 05:00  
CK: 1278 CT: 102409 BH: 754662  
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn forms\labn p65  
Revised 04/2003

D 78056