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## 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.

OTE: See instructions on reverse before filing.

2007 MAR 26 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO

Fractional Retreats	
2. The true name(s) and business address(e	s) of the entity or individual(s) doing
pagings dilider the assumed business hal	me:
Name	Complete Address
Fractional Retreats, LLC	6082 S. Tallowtree Way, Boise, ID 83716
(W 60688)	
3. The general type of business transacted u	Inder the accumed but
T 7, Francisco d'alloacteu a	inder the assumed business name is:
Retail Trade Transportatio	on and Public Utilities
☐ Wholesale Trade ☐ Construction	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	
4. The name and address to which future	
Correspondence observed to Which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
13601 W. McMillan Rd #102-325	Basement West
Boise, ID 83713	PO Box 83720
D0196, 1D 637 13	Boise ID 83720-0080
	208 334-2301
6 Name and address 5 to 1	
5. Name and address for this acknowledgme	ent Phone number (optional):
copy is (if other than # 4 above):	
·	Secretary of State use only
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(signature required)	ten formalabri p65
nature:	IDAHO SECRETARY OF STATE OF ST

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