

Capacity/Title:____

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.

Instructions are included on back of application.

FILED EFFECTIVE

2014 MAR 28 PM 2: 54

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHU
The assumed business name which the under business is:	
TREASURE VALLEY HOME F	INPER
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name VENTURE HOMES LLC. (W135473)	
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ler the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 604 ~ Sugar ST NAMPA N 83687	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Printed Name: ZACK PORICHEAUX	
Printed Name: ZALK KARCHEAUX. Capacity/Title: OWNEL	
Signature:	IDAHO SECRETARY OF STATE 03/28/2014 05:00 03/28/2014 RH: 1417650
Printed Name:	CK: CASH CT: 294971 BH: 141/650 CK: CASH CT: 294971 BH: 141/650 1 8 25.00 = 25.00 ASSUM NAME # 2

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