Signature:

Printed Name: Mark E Martin

(see instruction # 8 on back of form)

Capacity: Sole Proprietor

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction business is: Teton Terrace Apartments 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Mark E Martin 76 N Meadow Brook Dr, Alpine, UT 84004 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of Mark E Martin DBA Assumed Business Name and \$20.00 fee to: Teton Terrace Apartments P O box 632 Secretary of State American Fork, HT 84003 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 KeyBank National Association 208 334-2301 P O Box 1507 Secretary of State use only IDAHO SECRETARY OF STATE Idaho Falls, ID 83406

01/20/1998 09:00 CK: 973552 CT: 2814 BH: 74215

1 8 20.00 = 29.00 ASSUM NAME

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