Signature:__

Capacity:

Printed Name: 40 40 4

(see instruction # 8 on back of form)

IFICATE OF ASSUMED BUSINE (Please type or print legibly. See instructions on religible) OTATE OF IDAHO OTATE OF IDAHO CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the understand Pursuant to Section 53-504, Idaho Code, the understand Pursuant to Section of an Assumed Business Name. To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the diameters business is: LINITED REAL PSTATE SERVICE 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 NEILA BUNNER 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 Phone number (optional): correspondence should be addressed: KEAL ESTATE SERVICES Submit Certificate of Assumed Business 4th AUE. PMR 103 Name and \$20.00 fee to: ANDPOINT Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2001 09:00 CK: 1057 CT: 143073 BH: 382492

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