

CERTIFICATE OF ASSUMED BUSINESS NAME

Owner

(see instruction # 8 on back of form)

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. NOTE: See instructions on reverse before filing.	
. The assumed business name which the under business is: Homeowners' Associations Pro	•
2. The true name(s) and business address(es) business under the assumed business name Name Beth Ellen Punches	
 Wholesale Trade ✓ Services Manufacturing Mining 	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: HOA Property Management Company Beth Ellen Punches PO Box 1255 - Eagle, ID 83616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above). 5. Name and address for this acknowledgmer copy is (if other than # 4 above).	Phone number (optional): 208-939-9940
nature Beth Ellen Punches Beth Ellen Punches	Secretary of State use only

IDAHO SECRETARY OF STATE

98/02/2005 05:00

CK: 2622 CT: 158010 BH: 824469
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