

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 JUN 20 AM 8: 56

SECRETARY OF STATE STATE OF IDAHO

Peninsula W	aterfront		_
	der the assumed busines	s(es) of the entity or individual(s) doing name:	
	<u>Name</u>	Complete Address	
Mark Fuller		PO Box 216 Sandpoint ID 83864	
Roxanne Fu	ller	PO Box 216 Sandpoint ID 83864	-
Retail	Trade Transportesale Trade Constru		
	facturing	Submit Certificate of Assumed Business	
correspond	and address to which futur ence should be addressed	450 North 4th Street	
Mark Fuller		PO Box 83720 Boise ID 83720-0080	
PO Box 216		_ 208 334-2301	
	address for this acknowled er than # 4 above):	ment	
	1 0 - 10	Secretary of State use only	
gnature: <u>Ma</u> inted Name: <u>^{Ma}</u>	•	IDAHO SECRETARY OF STATE	re D

D172088

Capacity/Title: Owner