



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.

FILED/EFFECTIVE

2002 MAY 30 PM 2:09

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Sun Valley Brokers Alliance - Mountain Living Real Estate

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Narda Pitkethly</u>	<u>500 Washington Ave North, Ketchum, ID</u>
<u>Nick Morrison</u>	<u>"</u>
<u>Marcia Hines</u>	<u>"</u>

83340

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Mt. Living
Box 6049, 500 Washington AVE.
Ketchum, ID 83340

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-726-5160

Signature: _____

Printed Name: NARDA PITKETHLY

Capacity/Title: President / Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn\form\abn.pdf Revised 01/2001

IDAHO SECRETARY OF STATE
05/30/2002 05:00
CK: 2482 CT: 158818 BH: 468785
1 @ 20.00 = 20.00 ASSUM NAME # 2

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