Printed Name:

Capacity/Title:

Lisa Davis

President

(see instruction # 5 on back of form)

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.

08 OCT 15 PM 4: 0

The true name(s) and business address(es) business under the assumed business name Name	e:
Rywest Homes Inc	Complete Address
(C154637)	125 Beech St Fruitland Idaho 83619
L. Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Lisa Davis	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
125 Beech St	(208) 334-2301
Fruitland Idaho 83619	(200) 007-2001
i. Name and address for this acknowledgmen copy is (if other than #4 above):	t

IDAHO SECRETARY OF STATE
10/15/2008 05:00
CK: 162124 CT: 172099 BH: 1140225
1 8 25.00 = 25.00 ASSUM MANE # 2

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