

Capacity/Title: Manager

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 JUL -7 AM 9:49

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	business is: BTR In	vestments
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name Thad L. Brunelli Rhoda L. Brunelli	
3.		Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Thad or Rhoda Brunelli 1621 Promontory Rd. Boise, ID 83702	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
Sians	ature:	Secretary of State use only
Printe Capa Signa	ed Name: Thad L. Brunelli acity/Title: Manage ature: ed Name: Phoda L Brunelli	IDAHO SECRETARY OF STATE 07/07/2011 05:00 CK: 3637 CT: 158010 BH: 1281409

07/07/2011 05:00 CK: 3637 CT: 158618 BH: 1281489 1 0 25.00 = 25.00 ASSUM NAME # 2