

Capacity/Title: () U) V() V

(see instruction # 8 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.

FILED ET 06 MAY 26 AM 10: 16

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECREME OF STATE STATE OF IDAHO

 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
Cassandra Tindall	Real Estate Services
2. The true name(s) and <u>business</u> address business under the assumed business Name Cassandra S. Tindall	ss(es) of the entity or individual(s) doing name: Complete Address 4911 Cassia Street Boise, IN 83705
	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Cassandra Tinda (1 4911 Cassia Street Boise, IN 83705	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowled copy is (if other than #4 above):	Igment Phone number (optional): 208-801-1380
Signature (Mary ka Unda C)	Secretary of State use only 99d uquis Secretary of State use only 1900 Secretary of State use only
Printed Name: Cassardras. Tindall	IDAHO SECRETARY OF STATE 95/26/2006 05:00 CK: 1979 CT: 200750 BH: 956913