

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.

Pecan S	Street Apartments
The true name(s) and business address business under the assumed business name	ame:
Joseph Nowakowski	Complete Address West 319 Walnut Street
Alison Nowakowski	PO Box 37
	Genesee, ID 83832
	tion and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
Joseph Nowakowski PO Box 37 Genesee, ID 83832	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	ment Phone number (optional): 208.285.1189
	Secretary of State use only
gnature: (signature governor) rinted Name: Joseph Nowakowski apacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

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