

Printed Name: George W. Helms

(see instruction # 8 on back of form)

Capacity/Title: Owner/Broker

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. TE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

The true name(s) and business addres	s(es) of the entity or individual(s) doing
business under the assumed business Name	name: Complete Address
George William Helms	29855 N. Good Hope Rd. Athol, I
	83801
The general time of business transcrite	
The general type of business transacte	d under the assumed business name is:
Retail Trade Transporta Wholesale Trade Construct	ation and Public Utilities tion
Services Agricultur	Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Es	Assumed Business tate Name and \$20.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Stardust Real Estate	PO Box 83720
29855 North Good Hope Roa	Boise ID 83720-0080 208 334-2301
Athol, Idaho, 83801	
5. Name and address for this acknowled	gment Phone number (optional):
COPY is (if other than # 4 above):	208-683-3784

IDAHO SECRETARY OF STATE

93/26/2093 95:99

CK: 6488 CT: 158810 BH: 678867

1 @ 20.00 = 20.00 ASSUM NAME # 2