Printed Name: Capacity/Title:__



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 JAN -3 AM 9:01

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

SECRIT ARY OF STATE STATE OF IDAHO

1. The assumed business name which the unders	igned use(s) in the transaction of
business is: ROCKCYEEK PYOD	erty Management
The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name	the entity or individual(s) doing Complete Address
2105 Manchester Dr Caldwell, 19 83605	D.O. Box 233 Caldwell, Id 83606
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and	Public Utilities
Wholesale Trade Construction Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): 2705 Man Churt DY	
caldwell, Id 83605	
Signature: Naw Mask	Secretary of State use only
Printed Name: LINDIN CINSC	
Capacity/Title: (D())\HD\N	
Signature:	

abri.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

91/94/2911 95:99

CK: 58759878188 CT: 253976 BH: 1253522

1 8 25.00 = 25.00 ASSUM NAME # 2

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