

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

97 JUN -9 AM 9:02



1. The assumed business name which the undersigned use(s) in the transaction of business is:

SHORELINE CENTER ASSOCIATES, An Idaho Partnership

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Richard Anderson

Complete Address
2120 Lanark Street, Meridian, ID 83642

MILETA, Inc.

3277 E. Boulder Heights Dr., Boise, ID 83702

State Street Associates

P.O. Box 8806, Boise, ID 83707-2806

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐ Retail Trade
☐ Wholesale Trade
☐ Services

☐ Manufacturing
☐ Agriculture
☐ Construction

☐ Transportation and Public Utilities
☒ Finance, Insurance, and Real Estate
☐ Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-342-0305

SHORELINE CENTER ASSOCIATES

P.O. BOX 8806

BOISE, ID 83707-2806

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Jess C. Groves

Printed Name: Jess C. Groves

Capacity: Partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 06/09/1997

0900 100281 2

CK #: 3198 CUST# 82628

ASSUM NAME 10 20.00= 20.00

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