



**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.

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

Eaglecrest Apartments

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

Name _____

Complete Address

Dianne K. Wells

1175 N. 18th E., Mountain Home, ID 83647

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation
- Construction
- Agriculture
- Mining

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
(250)

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

Eaglecrest Apartments

822 S. 10th Avenue

Caldwell, Idaho 83605

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

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

Phone number (optional):

208 459-6348

Signature: Gratia F. Wells

Printed Name: Dianne K. Wells

Capacity/Title: _____

1000 characters (180 words)

EQUATIONS OF STATE

IDaho SECRETARY OF STATE
02/09/2005 05:00
CK: 1006 CT: 146022 DH: 792138
1 0 25.00 = 25.00 ASSUM NAME # 2

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