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.

2014 JUN 11 AM 8: 42

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

SECRETARY OF STATE

The assumed business name which the usual business is:	ndersigned use(s) in the transaction of
CAMGO ESTATES IL	<del></del>
2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  LEGACY ROCK CREEK, LLC  (WIO 2096)	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted usiness	on and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business  Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  308 N. Man St.  Hausy, 70 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
Signature: (- (- (- )   Te)   Printed Name: Peter (- )   HITE   Para   Printed Name: P	IDAHO SECRETARY OF STATE  06/11/2014 05:00  CK:1211 CT:296818 BH:1428711  16 25.00 = 25.00 ASSUM NAME #2
Signature:	D171889
Printed Name:	