(see Instruction # 8 on back of form)

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversal (13 PM) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of IDAHO gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: COLDWELL BANKER NANNINI REALTY			
		The true name(s) and business address business under the assumed business Name	s(es) of the entity or individual(s) doing name is/are: Complete Address
		<u>IVAILIC</u>	
Nannini Realty, Inc.	1821 Addison Avenue East		
C132939	Suite 2		
	Twin Falls, Idaho 83301		
 The general type of business transacte (mark only those that apply) 	eg under me assumed pusiness name is.		
Retail Trade Manufact Wholesale Trade Agricultur Services Construct The name and address to which future	re X Finance, Insurance, and Real Estate tion Mining Phone number (optional):		
correspondence should be addressed:			
Clayton Nanmini	Submit Certificate of Assumed Business		
Coldwell Banker Nannini Realt 1821 Addison Ave. East, Suite	Name and \$20.00 fee to:		
Twin Falls, Idaho 83301	_ Secretary of State		
5. Name and address for this acknowledge copy is (if other than # 4 above):	700 West Jefferson		
	I DANGE SECURE THE STREET IN		
$\overline{\gamma}$	G		
Signature: Nation	1 0 20.00 = 20.00 ASSUM NAME # 2		
Printed Name: Clayton Nannini	D3-19120		
Capacity: Vice President	——————————————————————————————————————		
adama.	— I 5		