

## CERTIFICATE OF FILL SECTIVE ASSUMED BUSINESS NAME

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

2002 JUN 11 AM 8: 42

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

CELLELARY OF STATE

A	STATE OF IDAHO
<ol> <li>The assumed business name which the under business is:</li> </ol>	ersigned use(s) in the transaction of
Suncise	Estates
The true name(s) and <u>business</u> address(es) o business under the assumed business name:	of the entity or individual(s) doing
Name	Complete Address LOWARD (Alif. 945)
Chris & Fronca Hoekstra	3704 N. 2200 E. Filer Idaho 833
<u> </u>	IN TOUCH
<ol><li>The general type of business transacted under</li></ol>	er the assumed business name is:
Wholesale Trade ☐ Construction  Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Fronce Hockstra ☐ Robbins ☐ Win Fall 5 ☐ 83301	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
5. Name and address for this acknowledgment copy is (if other than #4 above):  1 conca Hoekstra	Phone number (optional):  208-13-1-8431
240 Robbins	Secretary of State use only
Signature: Junea P. Hoekstra.  Capacity/Title: Administrator	· ,
January Joenston	IDANO SECRETARY OF STATE
Printed Name: Fromes P. Hoekstra.	IDAHO SECRETARY OF STATE  96/11/2002 05:200  CK: 4993 CT: 161095 BH: 471047  1 29.06 = 28.00 occim mare # 2
Capacity/Title: <u>Administrator</u>	20.00 = 20.00 ASSUM NAME # 2