

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

MAND EFFECTIVE

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

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

(see instruction # 8 on back of form)

SECRETARY OF STATE

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<ol> <li>The assumed business name which the undersign business is:</li> </ol>	
Pena Constructi	on Management
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Pena Property Management, 33  (W41992)	e entity or individual(s) doing  Complete Address
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Po	ublic Utilities
Services	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:  SUSAN PENA  3341 N. Maple stone Ave  Meridian, Id  83642	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 - 855 - 480 9
	Secretary of State use only
Signature: Susan Fena (signature required)  Printed Name: Susan Fena (Capacity/Title: Member (Socientary later) and the susan fena (Societary later) and the susa	097775
Printed Name: Susan Pena.	IDAHO SECRETARY OF STATE
Capacity/Title: <u>Member</u>	03/21/2006 05 = 00 CK: 1408 CT: 158010 BH: 944509 1 0 25.00 = 25.00 ASSUM NAME # 2