## FILED/EFFECTIVE

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on other page 17 - 4 11 9: 11

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

STATE OF IDAHO

	suant to Section 53-504, Idaho Code s notice of adoption of an Assumed	
1. The assur	med business name which the undersig	ned use(s) in the transaction of business is:
Sand (	Creek Medical Building	
2. The true r	name(s) and business address(es) of th	e entity or individual(s) doing business under the assumed
busii	Name Name	Complete Address
	d Neher	502 North 2 <sup>nd</sup> Avenue, Sandpoint, ID 83864
Stever	C. Puffer	502 North 2 <sup>nd</sup> Avenue, Sandpoint, ID 83864
(mark	ral type of business transacted under th only those that apply)	
Who	ail Trade Manufactu  blesale Trade Agriculture  vices Construction	Finance, Insurance, & Real Estate
correspo	and address to which future ndence should be addressed: reek Medical Building	Phone number (optional):  Submit Certificate of
502 Nor	th 2 <sup>nd</sup> Avenue int, ID 83864	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgement copy is (if other than #4 above): FIRST SECURITY BANK, N.A. ATTN: CLDC MAC #U1851-015 PO BOX 8203 BOISE ID 83707-2203		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	X Richard Neher, General Partner	
Signature:	XX Steven C. Puffer, General Partner	<u></u>
		IDAHO SECRETARY OF STATE
Consoitu	Owner CENEDAL BARTHER	04/04/2001 09:00 CK: 728787170 CT: 50009 BH: 389023
Capacity:	Owner GENERAL PARTNER (see instruction #8 on other sheet)	1 0 20.00 = 20.00 ASSUM NAME # 2

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