FILED EFFECTIVE

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CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.	02 AUG 26 PH 1: 31 STATE OF STATE STATE OF IDAHO
Please type of princession NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use business is: Dream Homes of Idahc 2. The true name(s) and business address(es) of the entity of business under the assumed business name: Name Construction PS Trivestments UC 1925 e W18324 3. The general type of business transacted under the assumed busin	br individual(s) doing <u>omplete Address</u> <u>Poppy Hulls, Eagle</u> ID 88616 umed business name is: Utilities
 Wholesale Hade Agriculture Services Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>1925 e Poppy Huls</u> <u>Eagle</u>, <u>TD 83616</u> 	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 Phone number (optional):
5. Name and address for this acknowledgment copy is (if other than # 4 above):	IDANO SECRETARY OF STATE
Signature: <u>Sw Zabel</u> Printed Name: <u>Sve Zabel</u> Capacity/Title: <u>Manager</u> (see instruction # 8 on back of form)	CK: 17/8 C1: 130018 SHI NAME # 3 1 8 28.08 = 29.08 ASSUM NAME # 3 D ちてしよう

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