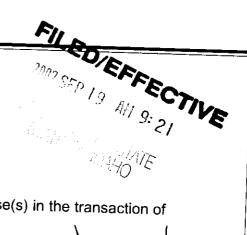


(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



 The assumed business name which the up business is: 	ndersigned use(s) in the transaction of
Southern Confort H	tomeowners Association
2. The true name(s) and business address(est business under the assumed business name Name Teffra Syms Richard Emik Shirley Anderson 3. The general type of business transacted underson.	S) of the entity or individual(s) doing re: Complete Address P.O.Box 2610, SunVallar, ID 83363 P.O.Box 861 Ketchum, ID 83340 P.O.Box 4456 Ketchum ID 83340 nder the assumed business name is:
Retail Trade	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):
	Secretary of State use only
Signature: Shirter S Anderson Capacity/Title: Treascurer (see instruction # 8 on back of form)	Sconptomistation formstation formstation formstation formstation of state and secretary of state 19/2002 05:0

IDAHO SECRETARY OF STATE 139/19/2002 05:00 CK: NO CK # CT: 158018 BH: 489866 1 8 20.88 ASSUM NAME # 2