

227



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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CONDO DEL SOL VACATION RENTALS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>VACATIONVILLE -</u>	<u>109 B N 1ST STREET</u>
<u>NORTH IDAHO, LLC</u>	<u>SANDPOINT, ID</u>
	<u>83864</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

VACATIONVILLE NORTH IDAHO, LLC
109 B N 1ST STREET
SANDPOINT, ID 83864

Submit Certificate of Assumed Business Name and \$25.00 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):

Phone number (optional):

208.255.7074

Signature: R Black

(signature required)

Printed Name: ROSEMARY BLACK

Capacity/Title: MANAGING MEMBER

(see instruction # 8 on back of form)

Secretary of State use only

Information furnished pursuant to Idaho Code 53-504(2)(b) Revised 04/2003

IDAHO SECRETARY OF STATE
 11/19/2003 05:00
 CK: 4946 CT: 144584 BH: 712431
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 70635