

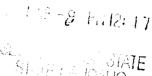
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



1. The assumed business name which the undersigned business is: The Corrages of Mere	d use(s) in the transaction of	-HO
2. The true name(s) and business address(es) of the business under the assumed business name: Name Cottage Trivestors II, Lic /	entity or individual(s) doing Complete Address 920 M4y FLOWER L ELLDIAH, IDAHO 83	<u>044</u> 242
3. The general type of business transacted under the Retail Trade	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	.p.es
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 108-158-153-8 Secretary of State use only	
Signature: Hauld Markell CEC Sugnature required. Printed Name: GANOLD MAXFIELD Capacity/Title: CEC		