

Printed Name:

(see instruction # 8 on back of form)

Capacity/Title: owner

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned APR 28 APR 28 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF WATE

The assumed business name which the undersign business is:	. 1
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tamarack Tan Prets 336 Andrea Lou Prets Coci	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Puttle Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Tamarack Custom Homes 3365 Bristol Ave, Coeur d'Alene 10 83815	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): Tamarack Peets	Phone number (optional): (208) 664 - 1270
3365 Bristol Ave Coeur d' Alene 10 83815 Signature: Lamara Reclaire required	Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2005 05:00

CK: 2151 CT: 158010 BH: 807164

1 0 25.00 = 25.00 ASSUM NAME # 2

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