



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 JUN -8 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

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

TWIN PEAKS GUEST RANCH

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

LYNDA MOORE 199 TWIN PEAKS RANCH ROAD  
(Name) (Address)  
SALMON, ID, 83467

PAUL MOORE (SAME)  
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

TWIN PEAKS GUEST RANCH  
(Name)  
199 TWIN PEAKS RANCH ROAD  
(Address)  
SALMON ID 83467  
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

PAUL MOORE  
(Name)  
13502 RD I SW  
(Address)  
ROYAL CITY WA 99357  
(City) (State) (Zipcode)

Printed Name: PAUL MOORE

Signature: Paul Moore

Printed Name: Lynda Moore

Signature: Lynda Moore

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only.

IDAHO SECRETARY OF STATE

06/08/2018 05:00

CK:9373 CT:358925 BH:1647918  
1@ 25.00 = 25.00 ASSUM NAME #2

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