

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

(see instruction # 8 on back of form)

submits for filing a certificate of Assumed	i 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: WPTOWN MOTEL ———————————————————————————————————	
 The true name(s) and business address(e business under the assumed business na Name 	ame: Complete Address
UPTOWN NIOTEL	102 S. ONEIDAST RUPERT. T.D. 83350
DRA. D. JAMES EDWARDS.	550 DEON ST. BUTLEY, J.D. 83318
	, ,
Wholesale Trade Construction Services RENTALS Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: D. TANIES FOWAY DS DBA WPTOWN MOTEL	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
550 DEON, ST. BUTLEY, ID.	Di
Name and address for this acknowledge	ment Phone number (optional):
COPY IS (if other than # 4 above)	208-878-3259
Signature: M. Januar Education	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 97/26/2005 05:00 CK: 1867 CT: 158818 BH: 823278 1 8 25.88 = 25.88 ASSUM NAME N
Printed Name: D, JAMES EDWARDS	IDAHO SECRETARY OF STATE 97/26/2005 05:00
Capacity/Title: Own Er	CK: 1867 CT: 158610 BH: 823278

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