

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

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

FILED EFFECTIVE

2015 APR 30 AM 10: 20

1. The assumed business name which the undersigned use(s) in the transaction of business is: Days Inn Lewiston 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Sapphire Hospitality Investments LLC 3120 North South Highway, Lewiston ID 83501 50983 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street Sapphire Hospitality Investments LLC PO Box 83720 Boise ID 83720-0080 3120 North South Highway 208 334-2301 Lewiston, ID 83501 Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only

IDAHO SECRETARY OF STATE 04/30/2015 05:00

CK:3290 CT:309673 BH:1473424 16 25.00 = 25.00 ASSUM NAME #4

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