

FILED EFFECTIVE

CERTIFICATE C.
ASSUMED BUSINESS NAME207 MAR 28
AM 8: 56 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name SCRETARY OF STATE OF IDAHO.

D109801

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Laird House Bed and Breakfast	
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business nam Name	
M. Irene Bain	Complete Address
The Horizontal Park	310 Cedar Street, P. O. Box 457, Potlatch, ID 83855
The general type of business transacted unclean	der the assumed husiness name is
	and Public Utilities
☐ Wholesale Trade ☐ Construction	
✓ Services	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:	700 West Jefferson
M. Irene Bain	Basement West
P. O. Box 457	PO Box 83720 Boise ID 83720-0080
	208 334-2301
Potlatch, ID 83855	· · · · · · · · · · · · · · · · · · ·
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPY IS (if other than # 4 above):	
	Secretary of State use only
	Secretary of State use only
	<b>8</b> 84.
nature: M. Mere Barr	IDAHO SECRETARY OF STATE  ### ### ### ### ####################
(signature required)	IDAHO SECRETARY OF STATE  03/28/2007 05:0
stad Names. Milropo Doin	IDAHO SECRETARY OF STATE
nted Name: M. Irene Bain	IDANO SECRETARY OF STATE 03/28/2007 05:0