



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

2013 JUN -3 AM 9:50

SECRETARY OF STATE
BOISE, IDAHO

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

Pines Motel * Guest Haus

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

John C. Nielson

105 S. Main St. Driggs, ID 83422

Nancy P. Nielson

105 S. Main St. Driggs, ID 83422

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Pines Motel

105 S. Main St.

Driggs, ID 83422

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

Nancy P. Nielson

105 S. Main St.

Driggs, ID 83422

Signature: Nancy Nielson

Printed Name: Nancy Nielson

Capacity/Title: Owner

Signature: John C. Nielson

Printed Name: John C. Nielson

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
06/03/2013 05:00
CK: 4650 CT: 283855 BH: 1376438
1 @ 25.00 = 25.00 ASSUM NAME # 2

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