



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 JUN 29 PM 1:57

SECRETARY OF STATE
STATE OF IDAHO

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:

Winter Inn

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

Jennifer Hoffman

31 Old Blvd Nampa ID 83651

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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Winter Inn Attn Jennifer Hoffman
31 Old Blvd
Nampa ID 83651

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

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

0146358

IDAHO SECRETARY OF STATE
06/29/2010 05:00
CK: 466200 CT: 158010 BH: 1220608
1 @ 25.00 = 25.00 ASSUM NAME #