

FILED EFFECTIVE



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.

NOTE: See instructions on reverse before filing.

09 JUN 18 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

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

Marsh Creek Inn Partnership

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 R Erickson

899 So Hwy 77 Albion, Ida

G. Darlene Erickson

P.O. Box 545 Albion, Ida

Gary Erickson

355 West St Albion ID

Connie L. Erickson

355 West St Albion ID

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 | |

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

Marsh Creek Inn / Connie Erickson
P.O. Box 545
Albion, ID 83311

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

Marsh Creek Inn / Connie Erickson
P.O. Box 545
Albion ID 83311

Signature: Connie Erickson
(signature required)

Printed Name: Connie Erickson

Capacity/Title: manager

(see instructions on back of form)

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

Secretary of State use only

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Revised 04/2005

IDAHO SECRETARY OF STATE
06/18/2009 05:00
CK: 1956 CT: 150010 DN: 1175273
1 @ 25.00 = 25.00 ASSUM NAME # 2

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