



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO DEC 30 12 05 PM '98  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

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

SUNLINER MOTEL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>HASMUKHLAL PATEL</u>	<u>5131 CROWN AVENUE, LA CANADA</u> <u>FLINTRIDGE</u> <u>CA 91011</u>
<u>CHANDRAKANT PATEL</u>	<u>3433 CHINDEN BLVD</u> <u>GARDEN CITY IDAHO 83714-6542</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): \_\_\_\_\_

C. PATEL  
3433 CHINDEN BLVD  
GARDEN CITY IDAHO 83714-6542

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IMND SECRETARY OF STATE

12/30/1998 09:00  
OK: CASH CT: 100033 DN: 174334

1 @ 20.00 = 20.00 ASSUM NAME # 2

D21471

Revision 1/98

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