

CERTIFICATE OF ASSUMED BUSINESS NAME

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

7003 SEP -4 PM 2: 03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

		STATE OF IDAHO
The assumed business name which the und business is:	dersigned	use(s) in the transaction of
Fairway Golf & Grill		
The true name(s) and <u>business</u> address(es) business under the assumed business name Name		tity or individual(s) doing <u>Complete Address</u>
Fairway Golf & Grill, Inc.	900 Golf Course Road, St. Maries	
0149732	Idaho, 83861	
3. The general type of business transacted ungle in the property of the proper	n and Put	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	ent	Phone number (optional):
		(208) 245-3842
	-	Secretary of State use only
Frinted Name: Anthony DeNapoli	grcomitomistator formstabn.p85 Revised 01/2001	De8572
Capacity: General Manager (see instruction # 8 on back of form)	g:\corp\to	IDANO SECRETARY OF STATE 99/04/2003 05:0 CK: 5288 CT: 118414 BH: 6999 1 9 25.00 = 25.00 ASSUM NAME