

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JAN 23 PM 1: 😘

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

business is: Mountain Village Resort	
The true name(s) and <u>business</u> address(business under the assumed business name Name Stanharrah, a Nevada corporation (C.46714)	(es) of the entity or individual(s) doing name: <u>Complete Address</u> 355 Boxington Way, Sparks, NV 89434
. The general type of business transacted ✓ Retail Trade ☐ Transportat ☐ Wholesale Trade ☐ Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
. The name and address to which future correspondence should be addressed: Gary Nelson	Secretary of State 450 North 4th Street PO Box 83720
355 Boxington Way Sparks, NV 89434	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above):	ment
ted Name: Gary Nelson pacity/Title: Secretary/Treasurer	Secretary of State use only TROUGH SECRETARY OF CLOTE
nature:ted Name:	IDAHO SECRETARY OF STATE @1/24/2012 @5:00 CK: 29179 CT: 72679 BH: 1307409 1 @ 25.00 = 25.00 ASSUM NAME N

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