



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 28 PM 2:46

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

STATE OF IDAHO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Michael Blimka PO Box 486 Riggins Id 83549
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Mike Blimka

(Name)

PO Box 486

(Address)

Riggins

Id

83549

(City) (State) (Zipcode)

Printed Name: Mike Blimka

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

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

(Name)

(Address)

(City) (State) (Zipcode)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2015 05:00

CK:3161026 CT:172099 BH:1490098
1@ 25.00 = 25.00 ASSUM NAME #3

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