



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED/EFFECTIVE**

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

SANDPOINT WATERFRONT RETREAT

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

<u>ALBERT SANDERS</u> <u>MARTINA SANDERS</u>	<u>Name</u> <u>17113 N. WRANGLER RD.</u> <u>RATHDRUM, ID. 83858</u>	<u>Complete Address</u> <u>PA</u>
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3. The general type of business transacted under the assumed business name is:

(mark only those that apply)

<input checked="" type="checkbox"/> Lodging	<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 type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction		

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

SAME AS #2

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

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

SAME AS #4

Secretary of State use only

Signature: Martina Sanders

Printed Name: MARTINA SANDERS

Capacity: OWNER/pres./MGR.

(see instruction # 8 on back of form)

Revision 12/99

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07/13/2001 05:00  
CK: 2018 CT: 146762 BH: 487718  
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