

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

FILED

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.

98 JAN -5 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

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

CPR Partners

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

Carolyn Raymond

220 Lewis Street, Ketchum, ID 83340

Parke Mitchell

220 Lewis Street, Ketchum ID 83340

Roger Raymond

220 Lewis Street, Ketchum ID 83340

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): _____

CPR Partners

P.O. Box 16

Ketchum, ID 83340

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

FIRST SECURITY BANK N.A.

COMMERCIAL LOAN DOCUMENTATION CENTER

P.O. BOX 8203

BOISE, IDAHO 83707

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on other sheet)

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

IDAHO SECRETARY OF STATE

01/05/1998 09:00
CK: 603051726 CT: 66269 BH: 63559

1 @ 20.00 = 20.00 ASSUM NAME

D10958

Owner Request #0032744