



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 OCT 26 AM 10:12

SECRETARY OF STATE  
STATE OF IDAHO

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

COOLIN MOTEL

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):

RALPH D AHLEFELD PO BOX 181, COOLIN, ID 83821

(Name) (Address)

ARDITH AHLEFELD PO BOX 181, COOLIN, ID 83821

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- |  |  |  |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

RALPH D AHLEFELD

(Name)

PO BOX 181

(Address)

COOLIN

(City)

ID

(State)

83821

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: RALPH D AHLEFELD

Signature: Ralph Ahlefeld

Printed Name: ARDITH AHLEFELD

Signature: Ardith Ahlefeld

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2015 05:00

CK:1457 CT:237303 BH:1497908  
10 25.00 = 25.00 ASSUM NAME #2

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