

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2005 JUN 27 01:10:16

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: RESORT CITY INN
2. The assumed business name was filed with the Secretary of State's Office on 07/18/2002 as file number D56601.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: _____
6. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

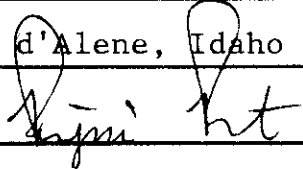
| Add: | Delete: | Name: | Address: |
|-------------------------------------|-------------------------------------|-------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Earl Reamy</u> | <u>11876 N. High Noon Ct. Rathdrum, ID 83858</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Philippe Provost</u> | <u>621 E. Sherman Avenue Coeur d'Alene, Idaho 83814</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

7. ☐ The type of business is amended to read:

| | | |
|--|--|--|
| <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 checked="" type="checkbox"/> Services MOTEL | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |
8. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

9. Name and address for this acknowledgment copy is:

Resort City Inn
621 E. Sherman Avenue
Coeur d'Alene, Idaho 83814

Signature: Printed Name: Philippe ProvostCapacity: Owner

(see instruction # 10 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
 06/28/2005 05:00
 CK: 20785 CT: 24797 BH: 818395
 1 @ 10.00 = 10.00 ASSUM AMEN # 2