



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

04 DEC 16 PM 12:12

SECRETARY OF STATE
STATE OF IDAHO

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

Dusty Rose Inn

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

Name

Complete Address

Jon D. Sowers

815 N. 3rd East, Mountain Home ID

Jennifer R. Sowers

same

83647

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Dusty Rose Inn

815 N. 3rd East

Mountain Home ID 83647

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

same as #4

Phone number (optional):

208-580-7460

Secretary of State use only

D52683

IDAHO SECRETARY OF STATE

12/16/2004 05:00

CK: 1540 CT: 158010 BH: 782019

1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Jon D. Sowers

(signature required)

Printed Name: Jon D. Sowers

Capacity/Title: Co-owner

(see instruction # 8 on back of form)