



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
MAR -8 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

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

Knob Hill Inn & Restaurant

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

Name

Josef G. Koenig

Complete Address

960 No. Main St. - Ketchum, ID 83340

Sandra L. Koenig

Same

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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Josef G. Koenig

P.O. Box 800

Ketchum, ID 83340

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

Printed Name: Josef G. Koenig

(signature required)

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\com\forms\id\form501a.pdf
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
03/08/2010 05:00
CK: 6512 CT: 245616 BH: 1211330
1 0 25.00 = 25.00 ASSUM NAME # 2

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