## FILED EFFECTIVE

D186629



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Printed Name:

Signature:

CERTIFICATE ASSUMED BU Title 30, Chapter 21, Part Filing fee: \$25.00.	JSINESS NAME
The assumed business name which	ch the undersigned use(s) in the transaction of business is of the Lighthouse Motel
2. The individual and/or entity names the assumed business name (do recommend) (Name) (Address Name)	1639 Bocker Rd Rahdnem TO 83858
(Name) (Addre	<u></u>
3. The general type of business trans  Retail Trade  Wholesale Trade  Services	Sacted under the assumed business name is:  Construction  Transportation and Public Utilities  Agriculture  Mining  Manufacturing  Finance, Insurance, and Real Estate
4. Mailing address for future corresp  (Name)  1639 Bockel Rd  (Address)  Rathdrum IB  (City) (State)	ondence:  5. Name and address for this acknowledgment copy is (if other than # 4):  (Name)  (Address)  (City) (State) (Zipcode)
Printed Name: <u>Clavence Ko</u> Signature: <u>Loberta Ko</u> Printed Name: <u>Roberta Ko</u> Signature: <u>Roberta Ko</u>	Secretary of State use only  IDAHO SECRETARY OF STATE  05/19/2016 05:00  CK:2221 CT:324590 BH:1529273  16 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015