

Printed Name:

Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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7			
NO.	CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly. TE: See instructions on reverse before filing	signed Name.	
1. The as busine	ssumed business name which the undersign ss is: Inn at Sand Cr		
2. The true busine	ne name(s) and <u>business</u> address(es) of the ss under the assumed business name: Name ON GALLETIES LLC 100 L	entity or individual(s) doing Complete Address First Ave. Sandpoint Id	8838
Ç X F	eneral type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction		
_ N	Services	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
4. The na corresp	ime and address to which future bondence should be addressed: WEKSTOM NEWSTAVE MADRINT TO 83864	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	e and address for this acknowledgment S (if other than # 4 above):	Phone number (optional):	
ignature:	For Ehren	Secretary of State use only	

IDAHO SECRETARY OF STATE 10/29/2001 05:00 CK: 1118 CT: 152924 BH: 426692 1 8 20.00 = 20.00 ASSUM NAME # 5

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