

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.



NOV 24 AM 8:25
SECRETARY OF STATE
STATE OF IDAHO

FILED/RECEIVED

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

PORT NEUF INN

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

<u>JIMMIE A. BOWEN</u>	<u>140 E. 1st ALLIE NORTH, P.O. BOX 156 LAVA</u>
<u>DEBBIE D. BOWEN</u>	<u>140 E. 1st ALLIE NORTH, P.O. BOX 156 LAVA</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <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 | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

P.O. Box 156 LAVA HOTSPRINGS

Phone number (optional): 776-5050

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

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

Ireland Bank

P.O. Box 95

Lava Hot Springs, ID. 83246

Signature: Debbie Bowen

Printed Name: DEBBIE BOWEN

Capacity: 3 Rental Rooms

(see instruction # 8 on back of form)

Revision 2/97
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Secretary of State use only
IDAHO SECRETARY OF STATE
11/24/2000 09:00
CK: MD CT: 138902 BH: 362851
1 @ 20.00 = 20.00 ASSUM NAME # 2

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