

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUL -5 AM 10: 07

SECRETARY OF STATE
STATE OF IDAHO

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

COMFORT INN

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

S.P.G., INC.

PO BOX 535, LEWISTON, ID 83501

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

SUKHJIT S GILL

(Name)

PO BOX 535

(Address)

LEWISTON, IDAHO 83501

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: SUKHJIT S GILL

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/05/2017 05:00

CK:13838208 CT:172099 BH:1592085

1@ 25.00 = 25.00 ASSUM NAME #2

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