

FILED/EFFECTIVE

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02 MAR 22 AM 9:19



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

LaQuinta Inn

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

Name

Complete Address

Hospitality Inn-Vestments
Management Inc.
(C-90001)

280 W. Appleway
Coeur d'Alene, ID. 83814

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 | |

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

LaQuinta Inn
280 W. Appleway
Coeur d'Alene, ID. 83814

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

Hospitality Associates
3808 N. Sullivan Rd #311
Spokane, WA 99216

Signature: Jackie Neves

Printed Name: Jackie Neves

Capacity: reg. V.P.

(see instruction # 8 on back of form)

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

Phone number (optional):

208-745-5500

Secretary of State use only

IDAHO SECRETARY OF STATE
03/22/2002 05:00
CK: 9443 CT: 158818 BH: 453985
1 @ 20.00 = 20.00 ASSUM NAME # 2

DSB/SA