

FILED EFFECTIVE

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

SEP 29 AM 9:33

STATE OF IDAHO

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.

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

The Cabana 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:

Name

Complete Address

Raja Patel

3525 W. Chinden Blvd. Garden City, ID 83714-6550

Ila Patel

3525 W. Chinden Blvd. Garden City, ID 83714-6550

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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Retail Trade  
Wholesale Trade  
Services

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Manufacturing  
Agriculture  
Construction

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Transportation and Public Utilities  
Finance, Insurance, & Real Estate  
Mining

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

Phone number (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of  
Submit Certificate of Assumed Business  
Name and \$25.00 fee to:

5. Name and address for this acknowledgement copy is (if other than #4 above):  
WELLS FARGO BANK NORTHWEST, N.A.  
BBG-BOISE LOAN OPERATIONS CENTER  
PO BOX 8203 (MAC #U1851-015)  
BOISE ID 83707-2203

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

Signature:

RAJA PATEL *Raja Patel*

Printed Name:

ILA PATEL

Capacity:

Owner

(see instruction #8 on other sheet)

## INSTRUCTIONS

IDAHO SECRETARY OF STATE  
09/29/2003 05:00  
CK: 335206012 CT: 50009 BH: 704010  
1 @ 25.00 = 25.00 ASSUM NAME # 2

*D69239*