

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2003 DEC 15 AM 8:53** submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

LAKE PEND OREILLE VACATION RENTALS

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

Vacationville - NORTH
IDAHO, LLC
W26940

Complete Address
109 B N 1ST STREET
SANDPOINT, ID
83864

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:

Vacationville
109 B N 1ST STREET
SANDPOINT, ID 83864

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

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

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

2003 DEC 16 PM 2:53

FILED EFFECTIVE

Phone number (optional):

208.255.7074

Secretary of State use only

Signature: R Black

(signature required)

Printed Name: ROSEMARY BLACK

Capacity/Title: MANAGING MEMBER

(see instruction # 8 on back of form)

g corporation form 1001 p65
Revised 04/2003

IDAHO SECRETARY OF STATE
12/16/2003 05:00
CK: 5079 CT: 150010 BH: 717039
1 @ 25.00 = 25.00 ASSUM NAME # 2

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