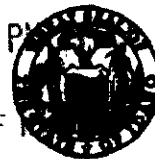


**FILED****CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)

99 JUN - 1 PM



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.

SECRETARY  
STATE OF

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

Five Star Cutthroat 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:

NameComplete Address

Arline S. Bowen

105 N. 5050 East  
Rigby, ID 83442

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:

Arline S. Bowen

P.O. Box 525

Ririe, ID 83443

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

East-Central Idaho Planning  
& Development Association, Inc.  
310 North 2nd East, Suite 115

Rexburg, ID 83440

Signature: Arline S. BowenPrinted Name: Arline S. Bowen

Capacity: \_\_\_\_\_

(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

IDAHO SECRETARY OF STATE

06/01/1999 09:00  
CK: none CT: 5753 BH: 221567

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 26473

Revision 2/87  
Information and