

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

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.

SEP 14 AM 11:06  
SECRETARY OF STATE  
STATE OF IDAHO  
90 NOV 25 AM 9:52  
SECRETARY OF STATE

1. The assumed business name which the undersigned uses in the transaction of  
Business is: STATEHOUSE INN JOINT VENTURE

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
<u>PHILLIP A. MURELAGA</u>	<u>2515 BRUINS CIRCLE, BOISE, ID 837</u>
<u>SUSAN L. NORBY</u>	<u>8074 W. INNSBROOK COURT, BOISE, ID 837</u>
<u>JILL M. STEVENS</u>	<u>1750 E. HIGHGATE COURT, EAGLE, ID 83616</u>

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:

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

STATEHOUSE INN JOINT VENTURE  
981 GROVE STREET  
BOISE, IDAHO 83702

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  
(206) 334-2301

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

FIRST SECURITY BANK N.A.  
COMMERCIAL LOAN DOCUMENTATION CENTER  
P.O. BOX 8203  
BOISE, IDAHO 83707

Signature:   
Printed Name: PHILLIP A. MURELAGA  
Capacity: Joint Venturer

Signature:   
Printed Name: SUSAN L. NORBY  
Capacity: Joint Venturer

Signature:   
Printed Name: JILL M. STEVENS  
Capacity: Joint Venturer

(see instruction #8 on other sheet)

Secretary of State Use Only

IDAHO SECRETARY OF STATE  
11/25/1998 09:00  
CK: 7656 CT: 181679 BH: 164792  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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