



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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.

FILED/EFFECTIVE

AM 9:56

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

TRAIL CREEK CABINS

TRAIL CREEK CABINS

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

LISA MARIE MARTIN

1098 Hwy 11 PIERCE ID 83546 (Physical)

MICHAEL JAMES MARTIN

P.O. BOX 191 PIERCE IDAHO (MAILING ADDRESS)

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): 208 464-2142

LISA MARTIN

P.O. Box 191 PIERCE, ID. 83546

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

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

Secretary of State use only

Signature: Martin

Printed Name: LISA MARTIN

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 1/98

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IDAHO SECRETARY OF STATE
01/14/2002 05:00
CK: 1353 CT: 155704 BH: 439896
1 @ 20.00 = 20.00 ASSUM NAME # 2

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