## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



| (t lease type of print legibly: occ mon  |   |
|--|---|
| 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. |   |
| <ol> <li>The assumed business name which the business is:</li> </ol>   | En s  |
| The Coeur d'Alene R  | esort Shopping Plaza  |
| The true name(s) and business address business under the assumed business n     Name   | (es) of the entity or individual(s) deing: ame is/are:  Complete Address              |
| Hagadone Hospitality Co.   | P.O. Box 6200   |
|  | Coeur d'Alene, ID 83816-1937  |
| The general type of business transacted (mark only those that apply)   | under the assumed business name is:   |
| Retail Trade   | Finance, Insurance, and Real Estate   |
| 4. The name and address to which future correspondence should be addressed:  | Phone number (optional): <u>(208) 667-3431</u>  |
| John R. Barlow   | Submit Certificate of   |
| P.O. Box 6200  | Assumed Business Name and \$20.00 fee to:   |
| Coeur d'Alene, ID 83816-1937   | Name and \$20.00 fee to.  |
| 5. Name and address for this acknowledgn copy is (if other than # 4 above):  | Secretary of State 700 West Jefferson   |
| Janet D. Robnett   | 208 334-2301  |
| P.O. Box E   | STAND STECKE SHAPE UPS STATE  |
| Coeur d'Alene, ID 83816-0328   | ,   |
| Signature:   | 12/31/1998 09:00<br>CK: 114334 CT: 3706 BH: 174779<br>1 20.00 = 20.00 ASSUM NAME # 28 |
| Printed Name: John R. Barlow   | y bug'u   |
| Capacity: Secretary  | 0.000   |

(see instruction # 8 on back of form)