	CERTIFICATE OF ASSUM (Please type or print legibly. Se	NED BUS	INESS NAME s on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHCA 20 11 35 11 11 11 11 11 11 11 11 11 11 11 11 11				
1.	1. The assumed business name which the undersigned use(s) in the transaction of			
	business is:			
	Stonehaven Bed & Breakfast			
2.	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		plete Address 83687	
	Merry b Schrettler	, , , , , , , , , , , , , , , , , , , ,	port Rd Nampa IIO	
	Joseph Schreffler	l(<u> </u>	
		-		
3.	The general type of business transacted un (mark only those that apply)	der the assun	ned business name is:	
	Retail Trade		nsportation and Public Utilities nce, Insurance, and Real Estate ng	
4.	The name and address to which future P correspondence should be addressed:	hone number	(optional): 208-467-6202	
	Merry Jo Schreffler		Submit Certificate of	
	Huas Air ant Dd		Assumed Business	
	1706 All por 1 Ko		Name and \$20.00 fee to:	
	Nampa, ID 83687		Secretary of State	
5	Name and address for this acknowledgmen	if .e.	700 West Jefferson Basement West	
U.	COPY is (if other than #4 above):	-	PO Box 83720	
			Boise ID 83720-0080	
			208 334-2301	
	,		Secretary of State use only INNE SECRETARY OF STATE	
			07/28/1999 0 9:00	
Signature: Menu & Schille 12 28.00 = 28.00 assess home #				
Dagger			1 2 20.00 = 20.00 ASSEM HOVE # 2	
Capacity: aerual parture (see instruction # 8 on back of form)				
Capacity: general parture				
	(see instruction # 8 on back of form)	Nonpy:	€ 9	