22	7						
ſ	CERTIFICATE OF		FILE	D/EFFE	CTIVE		
	ASSUMED BUSINESS N		lm 15	9 15 AM '01			
	Pursuant to Section 53-504, Idaho Code, the usubmits for filing a certificate of Assumed Busi	ness Name.	JUN IJ	O T2 W . UI			
	place type or print legibly.		SECRETARE OF STATE STATE OF ICAHO				
	NOTE: See instructions on reverse before						
	1. The assumed business name which the undersigned use(s) in the transaction of						
	business is: Siesta Beds						
	2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing						
	 The true hame(s) and <u>summary</u> business under the assumed business name: 				nplete Address		
	Name	10134 W. Lariat Dr. Boise ID. 83703					
	Eric Dittman						
	Barbara Dottman						
	 3. The general type of business transacted un Retail Trade ☐ Transportation Wholesale Trade ☐ Construction Gervices ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Samt as #\mathcal{T}	and Publi	ic Utilities Submit Cer Assumed B Name and Secretary of 700 West J Basement PO Box 83 Boise ID 8 208 334-23 Phone num <u>43 8 -</u>	tificate of Business \$20.00 fee to: of State Jefferson West 3720 3720-0080 301 hber (optional): 26.7{/			
	Signature: <u>fin ltttm</u> Printed Name: <u>Evic Dittman</u> Capacity: <u>Fartner</u> (see instruction # 8 on back of form)	g:\corptionstabn.p65 Revised 01/2001	19940 26/13 CK: NO CK	SECRETARY OF STATE 5/2001 09 CT: 147648 BH: 4 B0 = 28.00 ASSUM D 4 6 7	e = 00 03017 1 NAME # 2		