227

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 JUN 29 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Nathleen A. Rife	13087 Creekside Circle
	PO Box 481
	Lava Hot Springs, Id 83246

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:
   Nathleen A. Rife
   P.O. Box 481
   Lava Hot Springs, Id 83246

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

Signature: Nathleen A. Rife
(signature required)

Printed Name: Nathleen A. Rife

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/29/2009 05:00
CK: 2688 CT: 238428 BH: 1176020
1 @ 25.00 = 25.00 ASSUM NAME # 2

D131869