

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 SEP -8 AH 8: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF LOAD

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| | STATE OF EACH |
|---|---|
| 1. The assumed business name which the undersigned | ed use(s) in the transaction of |
| business is: Riverside Mot | tel |
| The true name(s) and <u>business</u> address(es) of the business under the assumed business name: | entity or individual(s) doing |
| Name | Complete Address |
| Courtney Iott 1056 | o Hwy 12, Orofino ID |
| | 83544 |
| | |
| 3. The general type of business transacted under the | assumed business name is: |
| • | |
| Retail Trade Transportation and Pu | ıblic Utilities |
| ☐ Wholesale Trade ☐ Construction | |
| Services Agriculture | Submit Certificate of Assumed Business |
| ☐ Manufacturing ☐ Mining | Name and \$25.00 fee to: |
| Finance, Insurance, and Real Estate | |
| The name and address to which future correspondence should be addressed: | Secretary of State 700 West Jefferson |
| correspondence should be addressed: | Basement West |
| Courtney Iott | PO Box 83720 Boise ID 83720-0080 |
| 10560 Hwy 12 | 208 334-2301 |
| Orofino, IN 83544 | |
| 5. Name and address for this acknowledgment | Phone number (optional): |
| COpy is (if other than # 4 above). | 2 <u>08-476-5711</u> |
| _ S /A | |
| | Secretary of State use only |
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| signatural CV state of Option | |
| Signature: (signature regulated) | IDAHO SECRETARY OF STATE |
| Signature: Signature regained To + Capacity/Title: OWN PR | 09/08/2005 05:00 CK: 404 CT: 192077 BH: 910435 1 0 25.00 = 25.00 ASSUM NAME # 2 |
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