



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

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.

98 SEP 10 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

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

FOUR SEASONS GROUP

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	Complete Address
<u>CPS JERRY PEARCE (et)</u>	<u>Box 901 SALMON ID 83467</u>
<u>Viola Pearce</u>	<u>Box 901 SALMON ID 83467</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
<u>Game Ranch</u>	<u>Motel/Lodge</u>	<u>HUNTING</u>

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-756-8480

Four Seasons
Box 901 SALMON ID 83467

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

AS ABOVE

Signature: _____

Printed Name: CPS J PEARCE

Capacity: Partner

(see instruction # 6 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

89/10/1998 09:00
CX: 7638 CT: 103794 IN: 143974

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 1/88

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