



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 DEC 31 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Mayfair Inn

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

<u>Name</u>	<u>Complete Address</u>
<u>Valentine L. Solosabal</u>	<u>57 main st, may, Id 83253</u>
<u>Sarahnova Teovinci</u>	<u>57 main st, may, Id 83253</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Valentine Solosabal
P.O. Box 74
Ellis, Id 83235

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

" same as above "

Signature: Valentine Solosabal

Printed Name: Valentine Solosabal

Capacity/Title: Owner

Signature: Sarahnova Teovinci

Printed Name: Sarahnova Teovinci

Capacity/Title: President

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2013 05:00
CK: 213372 CT: 277747 BH: 1353746
1 @ 25.00 = 25.00 ASSUM NAME # 2

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