



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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2002 AUG 14 PM 2:36

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

Sun Valley Concierge

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

Carrie L. Hurt

P.O. Box 510 Hailey ID 83333

Kainoa Lopez

P.O. Box 510 Hailey ID 83333

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

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

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

P.O. Box 510

Hailey ID 83333

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

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

Phone number (optional):

208-788-7588

Secretary of State use only

Signature: Carrie L. Hurt
(signature required)

Printed Name: Carrie L. Hurt

Capacity/Title: Co-owner

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE
08/14/2002 05:00
CK: 1133 CT: 162709 BH: 482794
1 @ 20.00 = 20.00 ASSUM NAME # 2

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