## FILED EFFEOTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 OCT 14 PM 3: 52

STATE OF IDAHO

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

Red Lion Pocatello Hotel	
2. The true name(s) and business addre business under the assumed business Name  Red Lion Hotels Limited Partnership	ess(es) of the entity or individual(s) doing s name:  Complete Address  201 W North River Dr. #100. Snokane, WA 99201
Retail Trade Transpo	ted under the assumed business name is: rtation and Public Utilities
Manufacturing Mining Finance, Insurance, and Real E  4. The name and address to which future correspondence should be addressed  Red Lion Hotels Limited Partnership  201 W North River Dr. 100	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment Phone number (optional):
	Secretary of State use only
gnature: Julie Langenheim  apacity/Title: Director, Corporate Services  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  10/14/2011 05:06  CK: 25338 CT: 20168 BH: 129427

25.00 ASSUM NAME # 2