



# 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

11 OCT -5 AM 8:50

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:

The Refuge Bed and Breakfast

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>Sarah E. Gibson</u>	<u>P.O. Box 404, Victor, ID 83455</u>
<u>Drexel B. Gibson</u>	<u>P.O. Box 404 Victor ID 83455</u>

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 |                                                              |

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:

The Refuge Bed and Breakfast  
P.O. Box 404  
Victor ID 83455

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

Sarah E. Gibson  
P.O. Box 404  
Victor ID 83455

Signature: Sarah E. Gibson

Printed Name: Sarah E. Gibson

Capacity/Title: Manager

Signature: Drexel Gibson

Printed Name: Drexel Gibson

Capacity/Title: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/05/2011 05:00  
CK: 1674 CT: 263018 BH: 1293065  
1 @ 25.00 = 25.00 ASSUM NAME # 3

D150561