

CERTIFICATE OF SECRETARY OF STATE OF IDAYO

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

Places type or print legibly.

| Please type or print legibly. NOTE: See instructions on reverse before filing. | |
|---|--|
| The assumed business name which the understand business is: | |
| BURLEY'S BEST MOTEL | |
| | f the entity or individual(s) doing Complete Address OA E MAIN ST BURLEY TO 83318-1933 |
| The general type of business transacted under | er the assumed business name is: |
| X Retail Trade | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): |
| | Secretary of State use only |
| Signature: (signature requised) Printed Name: M/LLIA M W. KENNEDY Capacity/Title: OWNEN (see instruction #8 on back of form) | IDAHO SECRETARY OF STATE 10 |

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