



# 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**

2005 FEB -7 AM 10:08

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

SUPER 8 MOTEL

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

CAREY HOBART CABE

336 South 600 W. Heyburn, ID 83336

TERESITA P. CABE

336 S. 600 W. Heyburn, ID 83336

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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

TERESITA P. CABE

336 South 600 West, Heyburn  
Idaho, 83336

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

Phone number (optional):

(208) 678-7000

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

TERESITA P. CABE

Capacity/Title: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

0842741

IDAHO SECRETARY OF STATE  
02/07/2005 05:00  
CK: 693 CT: 150010 DN: 791459  
1 @ 25.00 = 25.00 ASSUM NAME # 2