Printed Name:

Capacity/Title: **DWNEY**

(see instruction # 8 on back of form)

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 004 001 12 PM 2: 35 submits for filing a certificate of Ass.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

submits for filing a certificate of Assumed Business Name.

STATE OF MAHO

J. M.C. Lodging	
2. The true name(s) and business address(es) of the business under the assumed business name: Name	Complete Address
	2 Main Bonners Ferry, ID 2 Main Bonners Ferry, ID 2 Main Bonners Ferry, ID
3. The general type of business transacted under th Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture	Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Karey Bishop 5952 Main Bonners Ferry, TD 83805	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):
Featherston Law Firm P.O. Box 1820 Bonners Ferry, ID 83805 nature: Karen II. Round	Secretary of State use only

IDAHO SECRETARY OF STATE 10/12/2004 05:00 CK: 6545 CT: 65899 BH: 778722 1 @ 25.00 = 25.00 ASSUM NAME # 3