

Signature: \_\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

2015 OCT -5 AM 9: 18

	Filing fee: \$25.0	JU,	_ a= ATE
4	The assumed business name which the undersigned use(s) in the transaction and business is:  Salmon River Inn		
1.			
	Salmon River Inn		
2.	The individual and/or entity names and business address(es) of those doing business under		
	the assumed business name (do not include the name you listed in #1):		
	L & O Enterprises LLC	122 S. Challis St, Salmon, ID 83467	
	(Name) (W144379) (Address)		
	(Name)	(Address)	
	(Name)		
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade Construction		F
	Wholesale Trade	Agriculture	☐ Transportation and Public Utilities ☐ Mining
	X Services	☐ Manufacturing	Finance, Insurance, and Real Estate
	<u></u>		
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment		
			COPY IS (if other than # 4):
	Salmon River Inn		L & O Enterprises LLC
	(Name)		(Name)
	122 S Challis St		122 s Challis St
	Salmon, ID 83467		Salmon, ID 83467
	(City) (State) (Zipcode)		(City) (State) (Zipcode)
Pr	inted Name: David M. Larso	n A	Secretary of State use only
Sig	gnature:	The second	TRIVA GENERALINA DE CINTE
			10/05/2015 05:00
Pr	inted Name: M. Chuck Over	аскег	CK:1224 CT:315325 BH:1495053
Si	gnature! M chur O -		16 25.00 = 25.00 ASSUM NAME #2
Pri	inted Name:		

Rev. 08/2015

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