FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME 2005 MAY -2 47 9: 25 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

STATE UT WAHL

Please type or print legibly. NOTE: See instructions on reverse before filing.

OWNER

(see instruction # 8 on back of form)

Capacity/Title:_

FOUR SEASONS MOTEL	
The true name(s) and business address(es) business under the assumed business name Name PAUL R. WYNN	
The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: PAUL R. WYNN	Secretary of State 700 West Jefferson Basement West PO Box 83720
112 MAIN STREET ASHTON, ID 83420	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): 208-652-7769
PO BOX 649 ASHTON, ID 83420	Secretary of State use only
ature:	9200 Logs 100 SECRETARY OF STA

05/03/2005 05:00 CK: 12986 CT: 158010 BH: 808030 1 0 25.00 = 25.00 ASSUM NAME # 2