

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2004 MAR 25 AM 9: 15

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

STATE OF STATE

	OT IDAHO
The assumed business name which the undersign business is:	
Five Star Entertain	meni
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Michael J Osborne 253  Spring Flagler	e entity or individual(s) doing  Complete Address  B St. Svite 202 Taktofalls (2)  Line as above.)  83402
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Same as above     255BSt. Suite 202 Idaho falls III   83402  5. Name and address for this acknowledgment copy is (if other than #4 above):	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):  (203) 687-0334
	Secretary of State use only
Signature: Michael J Osbarne  Capacity/Title: Partner	IDAHO SECRETARY OF STATE  03/25/2004 05:00  CK: 648 CT: 158010 BH: 735433  1 0 25.00 = 25.00 ASSUM NAME # 2