CERTIFICATE Q IED BUSINESS (Please type or print legis e instructions on oth To the SECRETARY OF STATE, STATE OF IDAHOU 9: 13 Pursuant to Section 53-504, Idahou Code, the undersigned gives notice of adoption of an Assumed Business Ma SECHATE OF IDAHO The assumed business name which the undersigned uses in the transaction of 1. Business is: STATEHOUSE INN JOINT VENTURE 2. The true name(s) and business address(es) of the entity or individual(s) doing Business under the assumed business name is/are: Name **Complete Address** PHILLIP A. MURELAGA 2515 BRUINS CIRCLE, BOISE, ID 83704 SUSAN L. NORBY 8074 W. INNSBROOK COURT, BOISE, ID 83704 JILL M. STEVENS 1750 E. HIGHGATE COURT, EAGLE, ID 83616 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance and Real Estate Services Construction Mining The name and address to which future Phone number (optional): Correspondence should be addressed: STATEHOUSE INN JOINT VENTURE Submit Certificate of 981 GROVE STREET Assumed Business BOISE, IDAHO 83702 Name and \$20.00 fee to: 5. Name and address for this acknowledgement Secretary of State copy is (if other than #4 above): 700 West Jefferson FIRST SECURITY BANK N.A. **Basement West** COMMERCIAL LOAN DOCUMENTATION CENTER PO Box 83720 P.O. BOX 8203 Boise ID, 83720-0080 BOISE, IDAHO 83707 (208) 334-2301 Signature: Secretary of State Use Only Printed Name: PHILLIP A. MURELAGA Capacity: Joint Venturer Signature: **Printed Name:** SUSAN L. NORBY Capacity: Joint Venturer IDAHO SECRETARY OF STATE 10/02/1998 09:00 Signature: CX: 7487 CT: 101679 DH: 150478 **Printed Name:** JHZL M. STEVENS Capacity: Joint Venturer 1 8 28.80 = 28.80 ASSUM NAME # 2 (see instruction #8 on other sheet)

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