CERTIFICATE OF	ASSUM	ED BUS	INES
(Please type or prin	t legibly. See	instruction	s on rev
			00 001

SS NAME verse.) T 24 AM 9: 51

1.	·	n Assumed Business Name.0F IDAH0 undersigned use(s) in the transaction of
	Sandbar River House Restau	rant
2.	The true name(s) and business address business under the assumed business	```
	<u>Name</u> Riverfront, LLC	Complete Address 111 Riverfront Dr.
	1) 13186	
		P.O. Box 607 Marsing, ID 83639
3.	The general type of business transacted (mark only those that apply)	
	Retail Trade Manufactu Wholesale Trade Agriculture	uring U Transportation and Public Utilities
4.	Services Constructi The name and address to which future	· · · · · · · · · · · · · · · · · · ·
4.	Services Constructi	Phone number (optional): 896-4667
4.	Services Constructi The name and address to which future correspondence should be addressed:	Phone number (optional): 896-4667 Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: John F. Salove	Phone number (optional): 896-4667 Submit Certificate of Assumed Business Name and \$20.00 fee to:
	The name and address to which future correspondence should be addressed: John F. Salove P.O. Box 607	Phone number (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	The name and address to which future correspondence should be addressed: John F. Salove P.O. Box 607 Marsing, ID 83639 Name and address for this acknowledge copy is (if other than #4 above):	Phone number (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	The name and address to which future correspondence should be addressed: John F. Salove P.O. Box 607 Marsing, ID 83639 Name and address for this acknowledge copy is (if other than #4 above): John F. Salove	Phone number (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
5. Signati	The name and address to which future correspondence should be addressed: John F. Salove P.O. Box 607 Marsing, ID 83639 Name and address for this acknowledge copy is (if other than #4 above): John F. Salove P.O. Box 607	Phone number (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2000 09:00

(see instruction # 8 on back of form)

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