

JANNA

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

NOV - 1 AM 11:23

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TRAVELERS MOTEL

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
<u>LYLE G. SHOCKEN</u>	<u>TRAVELERS MOTEL</u>
<u>13641 W. WIGGLEY</u>	<u>5620 FAIRVIEW AV.</u>
<u>BOISE, IDAHO 83713</u>	<u>BOISE, IDAHO 83706</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): \_\_\_\_\_

LYLE G. SHOCKEN  
13641 W. WIGGLEY  
BOISE, IDAHO 83713

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

11/01/2000 09:00  
CK: 95 CT: 137942 BH: 350023

1 @ 20.00 = 20.00 ASSUM NAME # 2

D4072

Signature:

Printed Name: LYLE G. SHOCKEN

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/87

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