

227 JANNA



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.

NO NOV - 1

STATE OF IDAHO

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. WRIGGLEY</u>	<u>5120 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. WRIGGLEY
BOISE, IDAHO 83713

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

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

Signature: John G. Shocken

Printed Name: LYLE G. SHOCKEN

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 297

Form 100-1000-0006

11/01/2000 09:00
CK: 95 CT: 137942 BH: 350823

1 @ 20.00 = 20.00 ASSUM NAME # 2

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