

08 MAY -2 AM 8:41  
SECRETARY OF STATE  
STATE OF IDAHO



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Hemlocks Village Resort

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Daniel D Phillips

Complete Address

PO Box 355, HWY 2 MM 73

Moyie Springs, ID 83845

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Daniel and Regina Phillips

PO Box 355

Moyie Springs, ID 83845

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
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: *Daniel D Phillips*

(signature required)

Printed Name: Daniel D Phillips

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
05/02/2008 05:00  
CK: 121551 CT: 158010 BH: 1113177  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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