

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

D98807

2006 APR 17 AM 9: 34

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the undersign business is:	ned use(s) in the transaction of
Squaw Creek Retreat	
1	en e
2. The true name(s) and <u>business</u> address(es) of the	e entity or individual(s) doing
business under the assumed business name: Name	Complete Address
	30
Danie W LAW LO	Box 210 Riggins Id 83549
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
B	PO Box 83720
Pa Rec 210	Boise ID 83720-0080
0 - 7 23549	208 334-2301
# GG. 23 TO 2001	Dhana number (entional)
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	208-628-3302
	Secretary of State use only
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- J	
ignature: Samuel (signature required) rinted Name: Base Manage M	IDAHO SECRETARY OF STATE 04/17/2006 05:00
rinted Name: Rowe m Xym	CK: 482 CT: 199286 BH: 949458 1 @ 25.00 = 25.00 ASSUM NAME # 2