



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.

2006 OCT 23 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

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

TETON VALLEY RESERVATIONS

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

Name

Complete Address

TETON SPRINGS GOLF & CASTING
W 13149 CLUB LNC

10 HEADWATERS DRIVE VICTOR, ID 83455

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

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

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

TETON SPRINGS GOLF & CASTING
10 HEADWATERS DRIVE
VICTOR, ID 83455

Submit Certificate of
Assumed Business
Name and \$25.00 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):

Phone number (optional):

(208) 787-8008 EXT 14

Secretary of State use only

Signature: _____

Printed Name: _____

Capacity/Title: _____

Jon Pinardi
(signature required)

D.O.O.

(see instruction # 8 on back of form)

g:\c:\p\format\ain\form\slabn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
10/23/2006 05:00
CK: 6742 CT: 285783 BH: 982686
1 @ 25.00 = 25.00 ASSUM NAME # 2

D104837