



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.

FILED EFFECTIVE

2003 DEC -1 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

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

La Rue's Rainbow Inn

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 |
|-------------------------|--------------------------------|
| <u>Robert V. La Rue</u> | <u>11304 N. Cliff House Rd</u> |
| <u></u> | <u>Hauser ID 83854</u> |
| <u></u> | <u></u> |

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:

11304 N Cliff House Road
HAUSER, ID 83854

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):

Wells Fargo Bank, NW NA
Box 3007
Post Falls ID 83854

Phone number (optional):

Signature: [Signature]
(signature required)

Printed Name: Owner

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/01/2003 05:00
CK: 632303157 CT: 148614 BH: 714185
1 @ 25.00 = 25.00 ASSUM NAME # 2

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