CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 SEP 18 PM 12: 53

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: La Quinta Inn & Suites - Twin Falls		
		<u>-</u>	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):		
	Pole Line Twin Falls Hotel LLC 1095 W Rio Sa		lado Pkwy Ste 206 Tempe, AZ 85281
	(Name) W195710	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	☐ Retail Trade☐ Wholesale Trade☒ Services	Construction Agriculture Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (# other than # 4):		
	La Quinta Inn & Suites - Twin Falls		La Quinta Inn & Suites - Twin Falls
	(Name) 918 W Idaho St		(Name) 918 W Idaho St
	(Address) Boise, ID 83702		(Address)
			Boise, ID 83702
	(City) (Sta	ite) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Brian Mills			Secretary of State use only
Sig	gnature:		
Printed Name:			IBAHO SECRETARY OF STATE 09/18/2018 05:00
Signature:			CK:20190058 CT:172099 BH:1664798 10 25.00 = 25.00 ASSUM NAME #6
Printed Name:			D205557
Signature:			1 W X 3 3 7

Rev. 08/2015