



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 JUN 25 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

LOST MARLIN LODGE

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

<u>Name</u>	<u>Complete Address</u>
<u>MICHAEL C LEVY</u>	<u>545 LOST MARLIN RD.</u>
	<u>P.O. BOX 156</u>
	<u>LEADORE, IDAHO 83464</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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

LOST MARLIN LODGE
c/o MIKE LEVY
545 LOST MARLIN RD. 83464

5. Name and address for this acknowledgment Leadore, Id copy is (if other than # 4 above):

Signature: _____

Printed Name: MICHAEL C. LEVY

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/25/2013 05:00
CK: ND CK # CT: 284664 BH: 1379549
1 @ 25.00 = 25.00 ASSUM NAME # 2

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