CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

2003 MAY 27 AM 9:31

SECRETARY OF STATE
STATE OF IDAHO

2003 JUN -6 AM 8:48
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Twin Rivers Resort

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

Name	Complete Address
Vernon T. Mortensen	HCR 62 Box 25 Moyie Springs, Id.
Shelly Hoisington	HCR 62 Box 25 Moyie Spring, 83845
	Idaho 83845

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Agriculture
- ☐ Construction
- ☐ Transportation and Public Utilities
- ☐ Finance, Insurance, and Real Estate
- ☐ Mining

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

Shelly Hoisington
HCR 62 Box 25
Moyie Springs, Idaho 83845

Phone number (optional): _____

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

Signature: Shelly Hoisington

Printed Name: Shelly Hoisington

Capacity: manager

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Revision 2/97

IDAHO SECRETARY OF STATE
06/06/2003 05:00
CK: 157 CT: 170576 BH: 684471
1 @ 25.00 = 25.00 ASSUM NAME # 2

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