



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 JAN 26 AM 8:51**

SECRETARY OF STATE  
STATE OF IDAHO

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

CLARION INN POCA TELLO

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):

TERESITA P. CABE 1399 Bench Rd Pocatello, ID 83201  
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

TERESITA P. CABE  
(Name)  
1399 Bench Rd.  
(Address)  
Pocatello, ID 83201  
(City) (State) (Zipcode)

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

TERESITA P. CABE  
(Name)  
19600 SW Butternut St.  
(Address)  
Beaverton, OR 97078  
(City) (State) (Zipcode)

Printed Name: TERESITA P. CABE

Signature: Teresita P. Cabe

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/26/2017 05:00

CR:1012 CT:333841 BH:1565884  
10 25.00 = 25.00 ASSUM NAME #2

D191730