## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) **FILED**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

98 NEC 21

|    | gives notice of adoption of an  | Ass       | sumed E   | Busir | iess Name. Sec 24 AM 9: 1  |
|----|---|-----------|-----------|-------|--|
| 1. | gives notice of adoption of an<br>The assumed business name which the<br>business is: | und       | ersigne   | d us  | e(s) in the transaction of CARATE OF IDAHO   |
|    | LONG VALLEY MOTEL   |           |           |       |  |
| 2. | The true name(s) and business address(business under the assumed business n           |           |           | ntity | or individual(s) doing   |
|    | Name DAVID FRITSCHLE  | 161       | S MAIN    |       | nplete Address BOX 97 DONNELLY, ID. 83615  |
|    | KATHY FRITSCHLE   | 16        | 51 S MA]  | N P(  | BOX 97 DONNELLY, ID. 83615   |
|    |   |           |           |       |  |
| 3. | The general type of business transacted (mark only those that apply)                  | <br>I und | der the a | assui | med business name is:  |
|    | Retail Trade Manufactur Wholesale Trade Agriculture Services Construction             | )         |           |       | nsportation and Public Utilities<br>ance, Insurance, and Real Estate<br>iing                                     |
| 4. | The name and address to which future correspondence should be addressed:              | Ph        | one nur   | nber  | (optional): 208-325-8545   |
|    | DAVID FRITSCHIF PO ROX 97 DONNELLY,   | ID.       |           |       | Submit Certificate of  |
|    | KATHY FRITSCHLE PO BOX 97 DONNELLY,   | ID.       |           |       | Assumed Business Name and \$20.00 fee to:  |
| 5. | Name and address for this acknowledgm copy is (if other than # 4 above):              | nent      |           |       | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
|    |   |           | 8         | ,     | Secretary of State use only  IBAHO SECRETARY OF STATE  |

Signature: Www M. Satochle

Printed Name: DAVID W. FRITSCHCE

Capacity: CO-OWNER

(see instruction #8 on back of form)

1 8 20.88 = 20.90 ASSUM NAME # 2

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