

Capacity/Title/_UWNEW

Signature: _

Printed Name: _ Capacity/Title: _

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

12 JAN 13 AM 9:00

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: BLACK EAGLE LODGE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 3. The general type of business transacted under the assumed business name is: ☐ Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 83221 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: Printed Name:

IDAHO SECRETARY OF STATE 01/13/2012 05:00 CK: 334518 CT: 158818 BH: 1386864

h ...

abn.pmd Rev. 07/2010