



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.

NOTE: See instructions on reverse before filing.

08 OCT -3 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

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

Kanaka Rapids Villa

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
G & D Legler LLC <u>W77684</u>	119 Broadway Ave S., Buhl, ID 83316
Donna L Legler	119 Broadway Ave S., Buhl, ID 83316

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	

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

Donna L Legler

119 Broadway Ave S

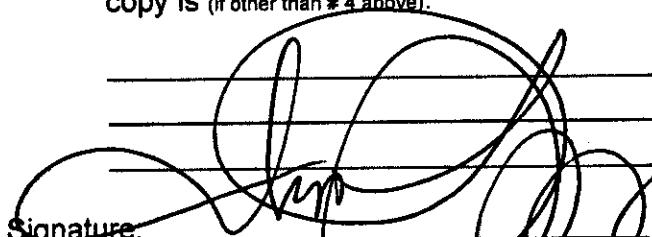
Buhl, ID 83316

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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



Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

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Revised 4/20/2003

Secretary of State use only

IDaho SECRETARY OF STATE
10/03/2008 05:00
CK: 1601 CT: 205127 DH: 1138635
1 @ 25.00 = 25.00 ASSUM NAME # 2

D125316