



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2006 JUL 31 AM 9:09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Pend Orielle RV Park

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
<u>Pend Orielle Partners Inc.</u> <u>(C154882)</u>	<u>817 Hickory Apt A</u> <u>SANDPOINT, IDAHO</u> <u>83864</u>

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

- | | |
|--|--|
| <input checked="" 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 | |

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

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

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

817 Hickory Apt A
SANDPOINT, IDAHO
83864

Phone number (optional):

(208) 263-8943

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

Signature: _____

Stewart Kluver
(signature required)

Printed Name: _____

Stewart Kluver

Capacity/Title: _____

Secretary Treasur

(see instruction # 8 on back of form)

Secretary of State use only

D102299

IDAHO SECRETARY OF STATE
08/01/2006 05:00
CK: 1858 CT: 158810 BH: 967753
1 @ 25.00 = 25.00 ASSUM NAME # 2