CERTIFICATE OF ASSUMED BUSINESS TO BE

CERTIFICATE OF AS	SSUMED BUSINESS MANIE
To the SECRETARY OF STATE, STAT	TE OF IDAHO State of
Pursuant to Section 53-504, Idah adoption of an Assumed Business Nam	no Code, the undersigned gives notice of state of IDAHO
The assumed business name which	the undersigned use(s) in the transaction of
business is:	
TWIN FALLS SUPI	ER 8 MOTEL, Unit # 3907
The true name(s) and business addedusiness under the assumed busine	ress(es) of the entity or individual(s) doing
Nume	Address
ACGU, LLC	1260 Blue Lakes Blvd N., Twin Falls, Idano
CHAU P. QUACH	1260 Blue Lakes Blvd N., Twin Falls, Idago
ANNA N. QUACH	1260 Blue Lakes Blvd N. Twin Falls. Idah
4. The name and address to which cor	respondence should be addressed:
1260 Blue Lakes Blvd. N	V., Twin Falls, Idaho 83301
Sig	ned <u>AC&O. LLC DBA Twin Falls Super 8 Mot</u> el, nit #390
Ву	Qualy luve Chau
Ca	Chau P. Quach pacity Member
• • • • • • • • • • • • • • • • • • • •	
Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
	Secretary of State use only
Secretary of State 700 West Jefferson	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
PO Box 83720 Boise ID 83720-0080	I I I I I I I I I I I I I I I I I I I
	66/89/1998 89:88 CX: none CT: 2198 MH: 117972 .
	1 0 20.00 = 20.00 ASSUM NAME
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