



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

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

hihopes INN & LIVERY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

MICHAEL L. FREDRICKSON

1130 IDLERS REST Rd.  
MOSCOW, ID 83843

SUSAN VOILE

1130 IDLERS REST Rd.  
MOSCOW, ID 83843

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): 208/883-2592

SUSAN VOILE

1130 IDLERS REST ROAD

MOSCOW, ID 83843

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

(SAME AS # 4)

**Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:**

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

Signature: Susan Voile

Printed Name: Susan Voile

Capacity: General Partner/Manager

(see instruction # 8 on back of form)

Revision 1/88

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Secretary of State use only  
IDAHO SECRETARY OF STATE

12/06/1999 09:00  
CX: 1456 CT: 123734 BH: 271268

1 @ 20.00 = 20.00 ASSUM NAME # 2

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