FILED/EFFECTORIGINAL



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 02 MAY 23 AM 10: 06

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form) Member

The assumed business name which the under business is:	ersigned use(s) in the transaction of
HI-WAY	/ INN
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Highway Inn, LLC	of the entity or individual(s) doing Complete Address 15 South Railroad Street Midvale, Idaho 83645
The general type of business transacted und	ler the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 15 South Railroad Street Midvale, Idaho 83645	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
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional):
Thomas C. Morris, Perkins Coie 251 E. Front Street, Suite 400 Boise, Idaho 83702	Secretary of State use only
Signature: Linice Rawlinson Printed Name: Genice Rawlinson, Trustee of the Capacity/Title: Genice Rawlinson Revocable Trust,	1 P 20.00 = 20.00 ASSUM NAME

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