CERTIFICATE OF ASSUMED BUSINESS NAMELED 98 APR 24 AM 8-5

adó	he SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code, ption of an Assumed Business Name.	, the undersigned gives notice and the liberal states	Ε
1.	The assumed business name which the und business is: CREEKSIDE CABINS	ersigned use(s) in the transaction of	
2.	The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing e is/are: Address P.O. BOX 3154	
	JULIE SMITH	P.O. BOX 3154	
3.	3. The general type of business transacted under the assumed business name is: Manufacturer/Retail See categories on the reverse		
4.	The name and address to which correspondence should be addressed: TRAVIS C. SMITH Panhandle State Bank P.O. Box 1479 P.O. Box 1479 P.O. Box 3154, BONNERS FERRY, ID 83805		
	Signed \(\sumsymbol{\text{Signed}} \) By Capacity	Travis C. Smith Owner	
	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson PO Box 83720	Customer# SIGNIFIC OF SINF UP SINF BA/24/1998 699 640 CX: 8517 CT: 22160 6H: 184296 1 # 26.66 = 26.60 A65UN MARE	

Boise ID 83720-0080

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