CERTIFICATE OF ASSUMED BUSINESS NAME

to the SECRETARY OF ST	FATE, STATE OF	DAHO e, the undersigned gives n	otice of
Pursuant to Section and Assumed Bu			
•		OO JUL -6 AM	8:1.7
I. The assumed business in business is:	name which the ur	dersigned use(s) in the tra	nsaction of
business is:	.4	STATE OF IDA	STATE
Yellowstone	Motel		
			- 4-10 Julion Lab
2. The true name(s) and bu	usiness address(e	s) of the entity or individual	(s) doing
business under the assu	ımed business nar	ne is/are:	
A Name		Address	
Robert CLARK	<	Address 3577 N.Oken POBex 337	Iona ID 83427
The general type of busi	iness transacted u	ider the assumed business	s name is:

Services			
See categories on the reverse	to which correspor	dence should be addresse	od:
See categories on the reverse The name and address t		dence should be addresse	
See categories on the reverse The name and address t	3577 N. OL.	EN PO Box 337 Ia	
See categories on the reverse The name and address t	3577 N. OL.	EN POBOX 337 In	
See categories on the reverse The name and address t	3577 <i>N. OL.</i> Signed By	Robert D. Clark	
See categories on the reverse The name and address t	3577 <i>N. OL.</i> Signed By	EN POBOX 337 In	
See categories on the reverse The name and address t	3577 <i>N. OL.</i> Signed By	Robert D. Clark	
See categories on the reverse I. The name and address to Robert Clark Submit Certificate of Ass	3577 N. OL. Signed By Capacity_ sumed	Robert D. Clark	
See categories on the reverse I. The name and address to Robert Clark	3577 N. OL. Signed By Capacity_ sumed	EN POBOX 337 Ica Manager Customer#	10 83427
See categories on the reverse The name and address to Robert Clark Submit Certificate of Ass Business Name and \$20	3577 N. OL. Signed By Capacity_ sumed	Robert D. Clark Ouner/Manager. Customer#	10 83427
See categories on the reverse The name and address to Robert Clark Submit Certificate of Ass Business Name and \$20 Secretary of State	3577 N. OL. Signed By Capacity_ sumed	Robert D. Clark Ouner/Manager. Customer#	10 83427
Submit Certificate of Ass Business Name and \$20 Secretary of State 700 West Jefferson	3577 N. OL. Signed By Capacity_ sumed	Robert D. Clark Ouner/Manager. Customer# 13040-85 FREM 8 07/06/201 5 CK: 1289 CT: 1336	10 83427
Submit Certificate of Ass Business Name and \$20 Secretary of State 700 West Jefferson PO Box 83720	3577 N. OL. Signed By Capacity_ sumed	Robert D. Clark Ouner/Manager. Customer#	RY20F USIANISI BY20F USIANISI
Submit Certificate of Ass Business Name and \$20 Secretary of State 700 West Jefferson	3577 N. OL. Signed By Capacity_ sumed	Customer # 18040-85 FF FINA 88 07/06/201 CK: 1209 CT: 1331 1 2 20.00 = 20.	RY20F USIANISI BY20F USIANISI
Submit Certificate of Ass Business Name and \$20 Secretary of State 700 West Jefferson PO Box 83720	3577 N. OL. Signed By Capacity_ sumed	Customer # 18040-85 FF FINA 88 07/06/201 CK: 1209 CT: 1331 1 2 20.00 = 20.	RY20F USIANISI BY20F USIANISI
Submit Certificate of Ass Business Name and \$20 Secretary of State 700 West Jefferson PO Box 83720	3577 N. OL. Signed By Capacity_ sumed	EN POBOX 337 Ia Robert D. Clark Ouner Manager. Customer# 13040-85685686666 CK: 1209 CT: 1336 1 2 20.00 = 20.	RY20F USEASELLY 20 09:00 214 BH: 331560 .80 ASSUM NAME # 2
Submit Certificate of Ass Business Name and \$20 Secretary of State 700 West Jefferson PO Box 83720	3577 N. OL. Signed By Capacity_ sumed	Robert D. Clark Ouner/Manager. Customer#	RY20F USEASELLY 20 09:00 214 BH: 331560 .80 ASSUM NAME # 2