



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE
2018 MAR -6 PM 2:57
SECRETARY OF STATE
STATE OF IDAHO

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

Park Avenue Suites

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Don H. Deters PO BOX 201 Laclede, ID 83841
(Name) (Address)

Patricia K. Deters 1503 E. Peacock Meridian, ID 83642
(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Construction
- Agriculture
- Manufacturing
- Transportation and Public Utilities
- Mining
- Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Don H. Deters
(Name)
PO BOX 201
(Address)
Laclede ID 83841
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Don H Deters

Signature: *Don H Deters*

Printed Name: Patricia K. Deters

Signature: *Patricia K. Deters*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/06/2018 05:00
CK:17035358 CT:172099 BH:1630729
1@ 25.00 = 25.00 ASSUM NAME #2

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