

Capacity/Title: <u>\delta \warphi \lambda \lambd</u>

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

D 113527

| Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.  Please type or print legibly.   |
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| Please type or print legibly.  NOTE: See instructions on reverse before filing.   |
| 1. The assumed business name which the undersigned use(s) in the transaction of business is:  OSTE 16 RESORTS   |
| 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:  Complete Address  CARL Costello  20522 E. Lower Cape Horn Rd  Wendy Costello  Bayurew, FO 83803 |
| 3. The general type of business transacted under the assumed business name is:  Retail Trade  |
| Bayurew, In 83803  Bayurew, In 83803  Boise ID 83720-0080 208 334-2301  |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):  208-683-9200  |
| Secretary of State use only   |
| Signature:    Signature   Signature required   Signature required     Printed Name:   The LOSte LO   Signature required   |