



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Unique Cabin

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Sandi M. Devlin
Kami K. Owens

Complete Address
PO Box 491 Island Park, ID 83429
PO Box 584 Island Park, ID
83429

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-558-7162

Sandi Devlin or Kami Owens
PO Box 491
Island Park, ID 83429

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

Signature: Kami Owens

Printed Name: _____

Capacity: Partner

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/15/2001 09:00
CK: 1 CT: 142285 BH: 379258

1 @ 20.00 = 20.00 ASSUM NAME # 2

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FILED/EFFECTIVE
01 FEB 15 AM 9:41
STATE OF IDAHO