



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 MAY -8 PM 12:35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

FIRESIDE LODGE

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

Name

Complete Address

NANCY C. ERICKSON

Box 445 SPIRIT LAKE, ID. 83869

RUD E. ERICKSON

Box 445 SPIRIT LAKE, ID. 83869

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

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

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

FIRESIDE LODGE

Box 445

SPIRIT LAKE, ID 83869

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

Phone number (optional):

Secretary of State use only

Signature:

Nancy C. Erickson
(signature required)

Printed Name:

NANCY C. ERICKSON

Capacity/Title:

Owner/Ingr.

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
05/09/2006 05:00
CK: 7139 CT: 158010 BH: 953788
1 @ 25.00 = 25.00 ASSUM NAME # 2