CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of		
ad	option of an Assumed Business Name.	STATE FOR
1.	The assumed business name which the und business is: Amerifet Hol	dersigned use(s) in the transaction of
2.	ne true name(s) and business address(es) of the entity or individual(s) doing usiness under the assumed business name is/are:	
	<u>Name</u>	<u>Address</u>
	Junes R Harper z Gretchen P Harper	614 Glenwood C. Idaho Fells Same 83404
3.	The general type of business transacted under the assumed business name is: Relande and Services	
	See categories on the reverse	and Services
4. The name and address to which correspondence should be addressed: Sames Hotel 2614 Glenwood Ci, Jolaho Falls ID 83404 Signed Falls Falls		Hotel
Capacity Ownes		
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer#
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	Secretary of State use only IDAHO SECRETARY OF STATE DATE 01/24/1997 0900 58065 2 CK #: 380 CUST# 75413 ASSUM NAME 1@ 20.00= 20.00