

Printed Name:

Capacity/Title: <u>しいれer</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 AUG -7 AN 9: 08

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned business is: EL Rancho Motel	ed use(s) in the transaction of
Debra K. Bowler 1915s	Complete Address Sherman Ave. Coeurd Hene, I) Therman Ave., Creurd Alene, II)
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: EL Rancho Motel 1915 Sherman Ave. Coeur L' Hene II 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 664-8794
Signature: Joul I. Cooperature:	Secretary of State use only

g:\corp\forms\abr forms\abr Revised 07/2002

IDAHO SECRETARY OF STATE

08/07/2002 05:00

CK: 2696 CT: 158010 BH: 461308
1 0 20.00 = 20.00 ASSUM NAME # 2

DITIY