



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2017 APR 20 PM 4:16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Wood River Cellars

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

Event Name
Wine Event Center Management L.L.C.

Complete Address

3705 Hwy 16, Eagle ID 83616

W 113036

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

- | | |
|--|--|
| ☒ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

Ron Beckman

Same as Above

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Ron Beckman

Printed Name: Ron Beckman

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
04/20/2012 05:00
CK: 970358 CT: 172899 BH: 1320020
1 @ 25.00 = 25.00 ASSUM NAME # 2

D155042