



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 JUL 11 AM 9:01

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Locust Blossom Inn

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

<u>Name</u>	<u>Complete Address</u>
<u>Matt S. Kathanimane</u>	<u>704 E. Main St. Kendrick, Idaho</u>
<u>Lisa P. Kathanimane</u>	<u>704 E. Main St. Kendrick, Idaho</u>
	<u>P.O. Box 134</u>
	<u>83537</u>

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

- | | |
|--|--|
| <input 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

P.O. Box 134
Kendrick, Idaho
83537

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

Signature: Matt S. Kathanimane

Printed Name: Matt S. Kathanimane

Capacity/Title: Owner

Signature: Lisa P. Kathanimane

Printed Name: Lisa P. Kathanimane

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
07/11/2013 05:00
CK: 50880815932 CT: 150010 BH: 1301570
1 @ 25.00 = 25.00 ASSUM NAME # 2

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