



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2002 DEC 20 AM 8:33

CLERK OF STATE
STATE OF IDAHO

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

SCHWEITZER MOUNTAIN BED & BREAKFAST

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

MELVYN J. BAILEY

PO BOX 772 SAGLE ID 83860

MARSHA L. BELL

PO BOX 772 SAGLE, ID 83860

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 | |

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

MEL BAILEY

PO BOX 772

SAGLE, ID 83860

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

Phone number (optional):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

Signature: Melvin Bailey 12-17-02

(signature required)

Printed Name: MELVYN J. BAILEY

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
12/20/2002 05:00
CK: 1887 CT: 163899 BM: 652600
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 60866