

Signature:

ASSUMED BUSINESS NAME FILED EFFECTIVE **CERTIFICATE OF**

Title 30, Chapter 21, Part 8, Idaho Code.

2018 JAN -9 AM 9: 06

	Filing fee: 3	25,00.	SECRETARY OF STATE STATE OF IDAHO
1.	. The assumed business name which the undersigned use(s) in the transaction of business		
	Silver Corner Lux Hotel		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
	The Shinebox, Inc. 601 Cedar Street; Walls		allace, ID 83873
	(Name) (C H5 44)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade	Construction	Transportation and Public Utilities
	Wholesale Trade	Agriculture	Mining
	X Services	Manufacturing	Finance, Insurance, and Real Estate
4.	. Mailing address for future correspondence:		 Name and address for this acknowledgment copy is (if other than # 4):
	Silver Corner		Mathias Bachman
	(Name) PO Box 507		(Name) 13408 24th Ave S
	(Address)		(Address)
	Wallace, ID 83873		Seatac, WA 98168
	(City)	(State) (Zipcode)	(City) /States /7incodes
Pr	inted Name: Mathias Ba	chman	
Sig	gnature: <i>Mwt.</i> 15		
Printed Name:			IDAHO SECRETARY OF STATE 01/09/2018 05:00
			CK:1005 CT:350797 BH:1620292
ال	gnature:		1@ 25.00 = 25.00 ASSUM NAME #:
Printed Name:			- 10011-0