

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on back of form.)

FILED/EFFECTIVE



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

01 JUN 11 AM 9:59

SECRETARY OF STATE

STATE OF IDAHO

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

TMI Tours and Cruises

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

Name: Travel Management, Inc. Complete Address: 610 Hubbard Street Ste 124 Coeur D'Alene, ID

C104970

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): (208) 765-1111

Travel Management, Inc.

610 Hubbard, Ste 124

Coeur D'Alene, ID 83814

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

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

IDAHO SECRETARY OF STATE

06/11/2001 09:00
CK: 16195 CT: 97982 BH: 482097

1 @ 20.00 = 20.00 ASSUM NAME # 3

D46014

Signature: [Signature]

Printed Name: Rhonda Sand

Capacity: President

(see instruction # 8 on back of form)