

CERTIFICATE OF ASSUMED BUSINESS NAME

97 DEC -4 PM 2:08

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned has adopted an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

FILED

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

TOUR ICE OF MAGIC VALLEY

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	Address
<u>KEVIN LOTT</u>	<u>1022 2nd Ave. West</u>
<u>LISA LOTT</u>	<u>TWIN FALLS, ID 83301</u>

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

WHOLESALE ICE #6

See categories on the reverse

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

TOUR ICE
1022 2nd AVE WEST TWIN FALLS 83301

Signed

[Signature]

By

Capacity

Owner

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

SECRETARY OF STATE

12/04/1997 09:00

CK: 101 CT: 90687 BH: 60883

1 @ 20.00 = 20.00 ASSUM NAME

D 10249

Revision 1006

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