

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.



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

ADVENTURE OUTFITTERS

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

112534

Name

Complete Address

C.C. MERCANTILE, INC.

570 BLUE LAKES BLVD. N/TWIN FALLS, ID 83301

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



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

ADVENTURE OUTFITTERS

570 BLUE LAKE BLVD N

TWIN FALLS, IDAHO 83301

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

Signature: Jack Prudek

Printed Name: JACK PRUDEK

Capacity: PRESIDENT/OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

11/19/1998 09:00
CR: 3701 CT: 107034 DI: 163022

1 @ 20.00 = 20.00 ASSUM NAME # 2

020128

Revision 2/97

g:\corp\forms\stbn.prm6