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CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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: JO'S OREGON TRAIL

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

JOETTE HUTCHINSON

Complete Address

P.O. Box 40
FORT HALL ID 83403

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:

Phone number (optional): 208-238-8851

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

Signature: Joette Hutchinson

Printed Name: Joette Hutchinson

Capacity: owner

(see instruction # 5 on back of form)

IDAHO SECRETARY OF STATE
08/15/2003 05:00
CK: 93 CT: 150010 BH: 696502
10-25-00-25-00 ASSUM NAME # 2

45-0520707