CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO SUDDE STATE OF



| Pursuant to Section 53-504, Idaho Code, the ungives notice of adoption of an Assumed Busine | * X - 3 C - 10 C - 27 - 1 |
|--|--|
| The assumed business name which the undersigned business is: | ed use(s) in the transaction of |
| - ADVENTURE OUTFITTERS | |
| 2. The true name(s) and business address(es) of the obusiness under the assumed business name is/are: Name Name CHRISTOPHER JON BARBER 570 BULL LA | Complete Address |
| 3.010UZ D4 | NES DEVD. N. TWIN FAULS, ID 8330) |
| The general type of business transacted under the a (mark only those that apply) | ssumed business name is: |
| Retail Trade Manufacturing Munufacturing Manufacturing Manufacturing Munufacturing Mun | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining |
| 4. The name and address to which future correspondence should be addressed: | Submit Certificate of |
| CHRIS BARBER 570 BLUE LAKES BLVD N. TWIN FAMS, 10 83301 | Assumed Business Name and \$20.00 fee to: |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 26 | STANKT-SECRÉ FARTE OFS & TATE |
| Signature: | 08/26/1997 09:00 CK: 2512 CT: 86279 DH: 33083 |
| The state of the s | 1 0 20.00 = 20.00 ASSUM NAME |
| Printed Name: CHRISTOPHER J. BARBER Capacity: VDE - PRESIDENT. | D 7536 |

(see instruction # 8 on back of form)