FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2010 FEB 17 PM 2: 1

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Travel Tech. NorthWest The true name(s) and business address	ss(es) of the	entity or individual(s) doing		
business under the assumed business Name	name:	Complete Address		
		Maple St, Hayden, ID 83835		
Steven Klundt			Maple St, Hayden, ID 83835	
3. The general type of business transacte	ed under the	assumed business name is:		
	ation and Pu		A Sylv	
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es		Submit Certificate of Assumed Business Name and \$25.00 fee to:		
 The name and address to which future correspondence should be addressed: Steven Klundt 		Secretary of State 700 West Jefferson Basement West PO Box 83720		
10387 N Maple St		Boise ID 83720-0080	:	
Hayden, ID 83835		208 334-2301		
5. Name and address for this acknowled copy is (if other than # 4 above):	Igment	Phone number (optional): 208-635-5127		
Sarah Kolb		200-003-0121	•	
310 Fourth Avenue South, Suite 1100		Secretary of State use only		
Minneapolis, MN 55415			.	
gnature: Steven Klundt	g-t-corpitorma-win forms-within, p65 Revised Out.2000	IDANO SECRETARY	OF STATE	
apacity/Title: Partner (see instruction # 8 on back of form)	— diox	92/17/2010 CK: 388215 CT: 17289 1 8 25 88 = 25 88	05 = 0 9 BH: 1206 ASSUM NAME	

