CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| | To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu | Code, the u | |
|--------|---|----------------|--|
| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: | | |
| | SPIRIT OF THE WOODS ARRO | XU S | 1.9.06 10.00 |
| 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 | Com | plete Address |
| | KARL VAN CALCAR BO | x 3108, | HAILEX 10 83333 |
| 3. | The general type of business transacted under (mark only those that apply) | er the assun | ned business name is: |
| | □ Retail Trade □ Wholesale Trade □ Services □ Construction | | nsportation and Public Utilities ance, Insurance, and Real Estate ing |
| 4. | The name and address to which future Phone number (optional): correspondence should be addressed: | | |
| | PO BOX 3108 | | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 5. | HAILEY 1D 83333 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 |
| ignatı | | Revision 12/89 | Secretary of State use only |

Printed Name: KARL VAN CALCAR

Capacity: PRESIDENT

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

94/24/2992 95:99

CK: 3827 CT: 158818 BH: 461269
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