

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2013 APR 25 PM 2: 42

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the urbusiness is: Sunfire Travel	ndersigned	d use(s) in the transaction of	
2.	business under the assumed business name Name		- 1, / -	
3.	The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business		
4.	The name and address to which future correspondence should be addressed: Shannon Huckvale 142 N. Salina Ave, Eagle, ID 83616		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
			Secretary of State use only	
	ature: Shannon Huchele		•	
	ed Name: Shannon Huckvale			
Capacity/Title: Managing Member			IDAHO SECRETARY OF STATE	
Signature:			04/25/2013 05:00 CK: 1374915 CT: 172899 BH: 1371204	
	ed Name: Don Huckvale		1 0 25.00 = 25.00 ASSUM NAME N 2	
Capacity/Title: Member		İ	71107/1	

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