



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:

SOARING SPIRITS

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

Complete Address

Kathleen Bjorkman-Wilson

122 Quarterhorse Rd.

P.O. Box 877

Bellevue, ID 83313

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) 2087886185

Kathleen Bjorkman-Wilson

P.O. Box 877

Bellevue, ID 83313

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N/A

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: Kathleen W. 19c

Printed Name: Kathleen Bjorkman-Wilson

Capacity: _____

(see instruction # 6 on back of form)

IDAHO SECRETARY OF STATE

01/24/2000 09:00
CK: 3866 C1: 125682 BH: 283661

1 @ 20.00 = 20.00 ASSUM NAME # 2

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