



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.

99 JAN -4 PM 2:31
SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Priest LAKE Adventure Vacations

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>Gary E and Lari L</u>	<u>136 Alpine Drive</u>
<u>"Pepi" Brookshire</u>	<u>Priest Lake, ID 83856</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Gary Brookshire
Same as above

Phone number (optional):

208-443-2956

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

SAME as above

Submit Certificate of Assumed Business Name and \$28.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature:

G. Brookshire

Printed Name:

Gary Brookshire

Capacity:

owner - SP

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

01/04/1999 09:00
CK: 3628 CT: 109016 BH: 175237

1 @ 28.00 = 28.00 ASSUM NAME # 3

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