

Capacity/Title: owner, manager

Printed Name:

Signature: _____

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

10 OCT 12 AM 8: 28

SECRETARY OF STATE STATE OF IDAHO

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

 The assumed business name which the undersigned use(s) in the transaction of business is: **ECOS Eden Adventures** 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Christopher R. Lyman, Sr. 157 Granite Ridge Rd. Priest River, ID 83856 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Christopher R. Lyman, Sr. Boise ID 83720-0080 157 Granite Ridge Rd. 208 334-2301 Priest River, ID 83856 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature:____ Printed Name: C.R. Lyman

> IDAHO SECRETARY OF STATE 10/12/2010 05:00 CK: 1020 CT: 158010 BH: 1242453 1 0 25.00 = 25.00 ASSUM NAME N 2

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abn.pmd Rev. 07/2010