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CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 MAR 20 AM 10: 47

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Adventurous Travels The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
2.				
Tonya Delphous PO Box 122 Elk River			iver,	Idaho 83827
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name) (Address)			
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade☐ Wholesale Trade☒ Services	Construction Agriculture Manufacturing	1	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	TONYA DELPHOUS		5.	Name and address for this acknowledgment copy is (if other than # 4):
				1
	(Name) PO BOX 122			(Name)
	(Address) ELK RIVER IDAHO 83827 (City) (State) (Zipcode)			(Address)
				(City) (State) (Zipcode)
Pri	rinted Name: TONYA DELPHOUS			Secretary of State use only
Sig	signature: Dougle hous			IDAHO SECRETARY OF STATE 03/20/2017 05:00
Pr	Printed Name:			CK:6259 CT:336473 BH:1574605
Się	Signature:			1@ 25.00 = 25.00 ASSUM NAME #2
Pri	nted Name:			•

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