CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FILED To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, logives notice of adoption of an . The assumed business name which the to business is:	aho Code, the undersigned 3 Pl Assumed Business Name. 2 undersigned use(s) in the transact STATE OF I	1 2: 57 DAHO	
Wilderness Wed	1 dings	- Marie	
. The true name(s) and business address(business under the assumed business name	arne is/are:	oing	
<u>Name</u>	Complete Address	Complete Address	
Eloris Chisholm.	P.O. Box 2161 MECall, Staho	3203×	
. The general type of business transacted (mark only those that apply)	under the assumed business nan	ne is:	
☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	Finance, Insurance, and Mining (203)	and Real Esta	
. The name and address to which future correspondence should be addressed:	Phone number (optional): 10 2	<u>任文</u> (2)	
Eloris Chisholm.	Submit Certificate Assumed Businer Name and \$20.00	5 8	
mª Call, Idahic		Secretary of State	
i. Name and address for this acknowledge copy is (if other than # 4 above).	700 West Jeffers		
	Secretary of State L	se only	
/*· -	8		

Signature: Printed Name: Capacity: I'M file to 1

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/24/1999 09:00 CK: 4849 CT: 119637 BH: 244426

1 0 20.00 = 20.00 ASSUM NAME # 2

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