



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2003 APR -2 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

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

A HAPPY CAMPER

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

Name

Complete Address

DONNA LOU ARRINGTON

BUS. 1485 POLELINE RD. #101

TWIN FALLS, ID 83301

HOME 3869 N 3400 E.

KIMBERLY, ID 83341

3. The general type of business transacted under the assumed business name is:

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

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

A HAPPY CAMPER

1485 POLELINE RD E. #101

TWIN FALLS, ID 83301

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

Phone number (optional):

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

D.L. EVANS BANK

P.O. BOX 87

TWIN FALLS, ID 83303

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

505 ACCT # 34085

Secretary of State use only

g:\corp\forms\labn form\labn.p65
Revised 08/2002

IDAHO SECRETARY OF STATE
04/07/2003 05:00
CK: none CT: 24085 BH: 673291
1 @ 20.00 = 20.00 ASSUM NAME # 2

D64250