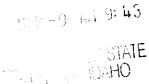


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Vtrama Ma	ntain Adventures	
Atterne Mo	niain Adventures	
2. The true name(s) and business address(e business under the assumed business na	•	
Name	Complete Address	
Ryan B. Field	P.O. Box 118 Star ID 83669	
Trevor A. Chadwick	P.O. Box 118 Star ID 83669	
3. The general type of business transacted	inder the assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed: Xtreme Mountain Adventures	Secretary of State 700 West Jefferson Basement West PO Box 83720	
P.O. Box 118	Boise ID 83720-0080	
Star ID 83669	208 334-2301	_
5. Name and address for this acknowledge copy is (if other than # 4 above).	Phone number (optional): 208-870-9611	
	Secretary of State use only	
gnature: (signature required) Inted Name: Trevor A. Chadwick	Securation of the property of	

1 0 25.00 = 25.00 ASSUM NAME # 2

