CERTIFICATE OF ASSUMED BUSINESS MAME (Please type or print legibly. See instructions on reverse.) Pursuant to Section 53-504, Idaho Code, the undersigned All 19: 17 To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: availle Snowmobile Tours 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate **Services** Construction Mining Phone number (optional): 208.78 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 07/28/2000 09:00 CK: 1098 Cf: 132715 BH: 336974

1 % 28.68 = 28.88 ASSUM NAME # 2

N 37784

Signature: **Printed Name:**

Capacity:

(see instruction #8