

Signature:

Printed Name: James Seabarn

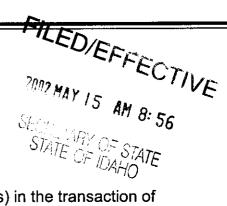
(see instruction #8 on back of form)

Capacity/Title: MANAGUK

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.



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<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
AdvENTURE Whole SALE	
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:     Name     Complete Address	
~ ~ <del></del>	
Troy Daugherty	P.O. Box 622,
	260 E. Wallace Ave. Suite 103
	Driggs, Idaho 83422
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Abventure Wholesale P.O. Box 622 Driggs, TDAHO 83422	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgm copy is (if other than #4 above):</li> </ol>	ent Phone number (optional):  208. 313 - 7100
	Secretary of State use only
	0 54971/

IDAHO SECRETARY OF STATE

05/15/2002 05:00

CK: 90591827310 CT: 158010 BH: 465882
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