CERTIFICATE OF ASSUMED BUSINESS NAME. (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Adventure Travel Agency 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 Minina Phone number (optional): 208-547-3056 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business 100 E. Hosper Hve. Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODV 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 11/16/1998 09:00 CK: 1894 CT: 186798 BH: 161782

Signature: **Printed Name:** Capacity: Jec

1 @ 20.00 = 20.00 ASSUM NAME # 2