



# 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.

**FILED**

99 OCT -7 AM 10:23

STATE OF IDAHO

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

Odyssey Adventure Services

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

Name Margaret Glodowski

Complete Address

1365 Mary Ln Meridian  
ID 83642

3. The general type of business transacted under the assumed business name is.  
(mark only those that apply)

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

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

Phone number (optional) 841-5580

Margaret Glodowski  
1365 Mary Ln  
Meridian, ID 83642

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

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

Secretary of State use only

Signature:

Margaret Glodowski

Printed Name:

Margaret Glodowski

Capacity:

operation Manager

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

10/07/1999 09:00  
CK: 6886 CT: 121448 BH: 256347

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 29822