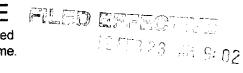


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.



SECRETIFY OF STATE

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned use(s) in the transaction of business is:	
Airstream Adventures Northwest	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Airstream Adventures Northwest (W 111031) LLC	
Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Amy Rising 30600 SW Parkway Ave. Wilsonville, OR 97070	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): Parker Johnstone 30600 SW Parkway Ave.	nt .
Wilsonville, OR 97070 Signature:	Secretary of State use only
Printed Name: Parker Johstone	
Capacity/Title: Partner	IDAHO SECRETARY OF STATE
Signature:	62/23/2012 65:00 CK: 1845 CT: 266978 BH: 1311893
Printed Name:	1 0 25.00 = 25.00 ASSUM NAME 1 2
Capacity/Title:	D153561

abn.pmd Rev. 07/2010