



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

03 APR 11 PM 4:15

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

VENTURE TO VENTURE

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

Name	Complete Address
Harold Hinshaw	8949 Brekenridge Dr., Garden City, Id. 83714
Glaida Hinshaw	8949 Brekenridge Dr., Garden City, Id. 83714

3. The general type of business transacted under the assumed business name is:

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

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

Harold Hinshaw
8949 Brekenridge Dr
Garden City, Id. 83714

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Signature: Glaida Hinshaw
(signature required)

Printed Name: Glaida Hinshaw

Capacity/Title: Owner

(see instruction # 8 on back of form)

gicorpformsidb formslabn 085
Revised 04/2003

Secretary of State use only

04/14/2003 05:00

IDaho SECRETARY OF STATE
04/14/2003 05:00
CK: 515 CT: 158018 BH: 674441
1 @ 25.00 = 25.00 ASSUM NAME # 2