

Printed Name:

Capacity/Title: OUMPS

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2004 SEP 17 AM 9: 41

Please type or print legibly. NOTE: See instructions on reverse before filing.

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	STATE OF TOATIO
1. The assumed business name which the undersi business is:	gned use(s) in the transaction of  Back Adventure Company
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:      Name      Downe	he entity or individual(s) doing  Complete Address  180 3 7 Poyal May  Nampa, IN 83687
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction	
Services Tourism Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:    Northwest Outpack Advention Only 18037 Poyal Way   Adampa	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):  Ma	Phone number (optional): (208) 466–266
	Secretary of State use only
Signature: (signature required)  Printed Name:	IDANO SECRETARY OF STATE  29/17/2004 05:00  CK: 1026 CT: 150010 BH: 766529  1 0 25.00 = 25.00 ASSUM NAME N 2