(see instruction # 8 on back of form)



## **CERTIFICATE OF ASSUMED BUSINESS**

Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus

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

	FILED/EFF	
NAME undersigned siness Name.	STATE OF DAYONE	
ersigned use(s)	n the transaction of	

1. The assumed business name which the undersign business is:  Adventure for Kids	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name:  Name  K. Js , Two perated (C-(1531) 203  Makinne Cowy, 11 2045	Complete Address
3. The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Advanture For K. Js  Ros Warras  Pacalesia, Jd. 88301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 478-4353
Signature: Mariane Cowy 11  Canacity: Loss 1514	Secretary of State use only  IDAHO SECRETARY OF STATE  92/10/2003 05:00

CK: 1745 CT: 167255 BH: 661887 1 @ 20.00 = 20.00 ASSUM NAME # 2

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