

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives ^{Notice of} ~~Notice of~~ ^{10/21/2008 PM 1:35} adoption of an Assumed Business Name.

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

Ammon Islands

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

Address

Deanne R Marshall

453 W Hwy 39

Blackfoot ID 83221

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

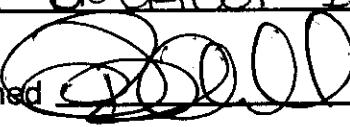
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See categories on the reverse

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

Ammon Islands

451 W Hwy 39 Blackfoot ID 83221

Signed 

By

Deanne Marshall

Capacity

President

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only
IDAHO SECRETARY OF STATE

08/21/2008 09:00
CK: 4433 CT: 134956 BH: 342347

1 0 20.00 = 20.00 ASSUM NAME # 2

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