

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

2003 607 13 78 5:05

SECRETARING SAME SEME OF ENVIO

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

1. The assumed business name which the undersign business is: Frontier Survival	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Kathleen F Hanke Days C. Henke	c entity or individual(s) doing Complete Address 175 E. 460 N. Rig Ly ID 83442
3. The general type of business transacted under the	
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Frontier Surviva (41.25 E. 460 N. Rigby JD 83442	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): 208 745 8145
	Secretary of State use only
Signature: Kathleen F Henke	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
10/13/2005 05:00
CK: 2025 CT: 158010 BH: 916766
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