C

(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.

2007 APR 18 AM 9: 29

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

SECRETARY OF STATE
STATE OF IDAHO

The assumed business name which the undersigned business is: Divine Destinations	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Holly Peterson Le2 April	Complete Address 32 N. Park Meadow Way + 302 Se, 10 83713
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: Holly Peterson	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-841-7667 Secretary of State use only
Signature: Hally Petersen Printed Name: Holly Petersen Capacity/Title: Dune Signature required) Signature required) Signature: Mally Petersen Capacity/Title: Dune Signature required)	IDAHO SECRETARY OF STATE 64/18/2007 85:200 CK: 4544 CT: 158018 BH: 1847779 18 25:80 = 25.80 ASSUM NAME # 2

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