## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STATE  Pursuant to Section 53-504, Idal  gives notice of adoption of an As	ho Code, the undersigned
1.	The assumed business name which the unbusiness is:  Wildlife Adventures Tax	• ()
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 Marie	Complete Address
	John Edmondson	836 NH 4+ St Pup He, Id 83661
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	<ul> <li>✓ Retail Trade</li> <li>✓ Wholesale Trade</li> <li>✓ Services</li> <li>✓ Construction</li> </ul>	g
4.	correspondence should be addressed:	Phone number (optional): 208 - 642 - 936 5
	Sin Edmandson  836 NM 4th 5+	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
gnatu	Name: The Floration	Secretary of State use only  1944 SECRETARY OF STATE  63/09/1999 69:66  CX: CASH CT: 112243 NH: 195679  1 0 20.00 = 20.00 ASSUM HAME # 2

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Capacity: Prosider

(see instruction # 8 on back of form)

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