CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) OF MAR -2 AM 8: 54	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned FIDAHO gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Wings of Discovery	
The true name(s) and business address(e business under the assumed business name Name	s) of the entity or individual(s) doing me is/are: Complete Address
	<u> </u>
Maria Hedman	E. 1885 Horse haven
	Post Falls 1D 83854
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	
Wings of Discovery	Submit Certificate of Assumed Business
E. 1885 Horsehaven	Name and \$20.00 fee to:
Post Falls, ID 83864	Secretary of State
,	700 West Jefferson Basement West
 Name and address for this acknowledgme copy is (if other than # 4 above): 	PO Box 83720
same	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: <u>Maria Hedman</u> Printed Name: <u>Maria Hedman</u>	IDAHO SECRETARY OF STATE 93/92/2001 99:00 CK: 3775 CT: 142995 BH: 382220
Printed Name: Maria Hedman	1 9 20.00 = 20.00 ASSUM NAME # 2
Capacity: Sole owner	guer un
(see instruction # 8 on back of form)	#D43158