

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

Trave	l with Salome'
The true name(s) and business address(business under the assumed business name Name Salome' Taylor	(es) of the entity or individual(s) doing ame: Complete Address po box 3096 hailey id 83333
The general type of business transacted	under the assumed business name is:
Retail Trade Transportati Wholesale Trade Constructio	ion and Public Utilities n
✓ Services☐ Agriculture☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Travel with Salome'	Secretary of State 700 West Jefferson Basement West PO Box 83720
Salome Taylor	Boise ID 83720-0080
po box 3096, hailey id 83333	208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	nent Phone number (optional): 2087883819
	Secretary of State use only
gnature: Salome' Taylor inted Name: Salome' Taylor anacity/Title: (V) 1816	IDANO SECRETARY OF STATE 12/12/2006 95 - 96
spacity/Title: WNW (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/12/2006 05:0 CK: 5256 CT: 154416 RH: 14190

1 2 25.00 = 25.00 ASSUM NAME # 2

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