



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE
02 APR 23 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

OUTTA HERE! TRAVEL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

NORA J. DECROW

3022 S. KOKOMO DR. NAMPA ID 83686

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

NORA J. DECROW
3022 S. KOKOMO DR
NAMPA ID 83686

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-461-5855

Secretary of State use only

Signature: Nora J. Decrow

Printed Name: NORA J. DECROW

Capacity: OWNER

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
04/23/2002 05:00
LK: 7834 CT: 158010 BH: 461011
1 x 20.00 = 20.00 ASSUM NAME # 2

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