

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
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:

KOOTENAI Concessions Company

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

Complete Address

NICOLE M. SALDIS

W. 265 Penny Lane, Post Falls, ID.

P.O. BOX 47B, Post Falls, ID.

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

KOOTENAI Concessions Company

P.O. BOX 47B

POST FALLS, IDAHO

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

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

Signature: Nicole Saldis

Printed Name: Nicole Saldis

Capacity: President

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only
IDAHO SECRETARY OF STATE

09/17/1997 09:00
CX: 3369 CT: 87275 BH: 39158

1 @ 20.00 = 20.00 ASSUM NAME

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