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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.

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| Scenic Trails Chuckwagon | |
|---|---|
| 2. The true name(s) and business address(es business under the assumed business nam Name Oregon Trail Center, Inc. | s) of the entity or individual(s) doing ne: Complete Address 320 North 4th Street, Montpelier, ID 83254 |
| Wholesale TradeServicesManufacturingConstructionAgricultureMining | nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Oregon Trail Center, Inc. P.O. Box 323, 320 North 4th Street Montpelier, ID 83254 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgme copy is (if other than # 4 above): | ent Phone number (optional): |
| | Secretary of State use only |
| gnature: (signature required) Inted Name: Allen Harrison | IDAHO SECRETARY OF STATE |
| apacity/Title: President (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE |