CERTIFICATE OF ASSUMED TO CERTIFICATE OF ASS

| To the SECRETARY OF STATE, STATE OF IDAHO OFC 20 PM 2: 02 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: TABLE MOUNTAIN OUTFITTERS | |
|--|---|
| 2. The true name(s) and business address(business under the assumed business name Name S & A ENTPERPRISES | (es) of the entity or individual(s) doing ame is/are: <u>Complete Address</u> PO BOX 2714 ~ Cheyenne, wy 82003 |
| 3. The general type of business transacted to (mark only those that apply) Retail Trade | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining Phone number (optional): (307) 1032-10352 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State |
| Signature: | Secretary of State use only IDANO SECRETARY OF STATE 12/20/2000 09:00 CK: 2657 CT: 139876 BH: 367962 1 8 28.88 = 28.88 ASSUM MANE # 4 |