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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly. NOTE: See instructions on reverse before	NAME the undersigned usiness Name. 08 OCT - 2 AM 8: 34 SECRETARY OF STATE STATE OF IDATE
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is: Desert Mountain Promotions</li> </ol>	
2. The true name(s) and business address(es business under the assumed business nam Name Suzanne J Belger	ie: Complete Address 994 Lowell Drive, Idaho Falls, ID 83402
LaDawn Moad	PO Box 132, Iona, ID 83427
<ul> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>Desert Mountain Promotions</li> <li>994 Lowell Drive</li> <li>Idaho Falls, ID 83402</li> </ul>	and Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme COPY IS (if other than # 4 above): Signature Printed Name: Capacity/Title: (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 10/022/2008 05 = 00 CK: 1017 CT: 230231 DH: 1138429 1 8 25.08 = 25.00 ASSUM NAME # 2

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