

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED SFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business N**2H5 JAN 18** PN 2: 41

Please type or print legibly.

NOTE: See instructions on reverse before filing

(see instruction # 8 on back of form)

The assumed business name which the ur business is:	own to libratio
Unique Travel	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Deborah Loftin Norman Loftin	s) of the entity or individual(s) doing ne: <u>Complete Address</u> 1410 E. M:lcs Hayden ID 83 1410 E. M:les Hayden ID 838
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is:
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Deborch Loffin 9323 N. Government Way Mayden Lake, ID 83835	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	nt Phone number (optional):
Same	Samuel Co.
Signature: Deborah Foffin Printed Name: Deborah Loftin Capacity/Title: Owner	Secretary of State use only Sed upper State use only IDAHO SECRETARY OF STATE 1/19/2005 05:00 CK: 1835 CT: 158910 BH: 787983 1 9 25.88 = 25.86 ASSUM NAME # 2