

CERTIFICATE OF ASSUMED BUSINESS NAME

09 OCT -2 AM 8: 36

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Name PEAK ADVENTURES, INC.	ne: Complete Address PO BOX 50 CATALDO, ID 83810
(C143173) 3. The general type of business transacted un	nder the assumed business name is:
_	n and Public Utilities
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TERRI MATTHEWS P.O. Box 50	Name and \$25 co fee to
36112 E CANYON ROAD CATALDO, ID 83810	(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
nature: (signature required) TERRI MATTHEWS	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE 10/82/2009 05 a CK: 5650 CT: 87523 BH: 118 1 0 25.00 = 25.00 ASSUM NA

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