CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: KOOTENAI TRAVEL 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name CHARLENE SMITH PO BOX 1508, BONNERS FERRY, ID 83805 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Minina Services 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: CHARLENE SMITH Submit Certificate of Assumed Business SAME AS ABOVE Name and \$20,00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS*(if other than # 4 above). Boise ID 83720-0080

PANHANDLE STATE BANK

PO BOX 1479

BONNERS FERRY, ID 83805

Signature: (

CHARLENE SMITH Printed Name:

Capacity:

(see instruction # 8 on back of form)

208 334-2301

Secretary of State use only IDANO SECRETARY OF STATE

07/15/1999 09:00