

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25,00.



2017 OCT 24 AM 10: 02 SECRETARY (

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1.	The assumed business name which the undersigned use(s) in the transaction of business's: Cruise Planners				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	51/49, LLC	3527 S. Federal Way, Suite 103; PMB 13; Boise, Idaho 83705			
	(Name) (W 189754)	(Address)			
	(Name)	(Address)	· · · · · · · · · · · · · · · · · · ·		
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of busines	s transacted under the	assumed busi	ness name is:	
	Retail Trade Wholesale Trade	Construction Agriculture	Min	•	
	⊠ Services	Manufacturing	Fina	nce, insurance, and Re	eal Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):				
	51/49, LLC				
	(Name) 3527 S. Federal Way, Suite	103: PMR 13	(Name)		
	(Address) Boise, Idaho 83705	7100,1111210	(Address)		
	(City) (S	tate) (Zipcode)	(City)	(State)	(Zipcode)
Printed Name: Molly O'Leary			Secretary of State use only		
Siç	gnature: <u>Milly Var</u>	· N		IDAHO SECRETARY OF	ማጥ ፤ ጥ ድ
Printed Name:			10/24/2017 05:00 CK:15011066 CT:172099 BH:1608763		
Signature:			1	5.00 = 25.00 ASSU	
Pri	inted Name:		1	107907	

Rev. 08/2015