



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

10 FEB 11 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

~~Y.O.U.T.H.~~ ^{error (ns)} YOUTH

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Youth Outdoor Understanding	1774 N. Moose Cr.
of Therapeutic Health LLC	Idaho, ID
(W90347)	83245

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Manuel Sierra
300 Valley View
Pocatello, ID 83204

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature:
(signature required)

Printed Name: Manuel Sierra

Capacity/Title: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
02/11/2010 05:00
CK: 1005 CT: 150010 BH: 1207712
1 @ 25.00 = 25.00 ASSUM NAME # 2

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