CERTIFICATE OF ASSUMED BUSINESS FA (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 91 JUN-4 AM 9: 40 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 pageaction of 10AH'n business is: $1/\hat{\epsilon}$ Wolf Lodge Campgroun 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 lelved, Inc 6215 Commerce Low < 133434 8385 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 208 664-2812 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business rontage Name and \$20.00 fee to: AP.UP d Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only S IDAHO SECRETARY OF STATE Revision 06/04/2001 09:00 CK: 784 CT: 147155 BH: 488782 Signature: 20.00 = 20.00 ASSUM NAME # 2 Printed Name: pmg 1045741 Capacity: (see instruction # 8 on back of form)