CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the sumed Busin	undersigned 50 ess Name.	
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is: SoDA Springs + (DE ARB E (RAFT)			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address			
			SODA SPRINGS LA 83276	
3.	The general type of business transacted un (mark only those that apply)	der the assur		
	Retail Trade Manufacturing Wholesale Trade Agriculture Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future correspondence should be addressed: Submit Certificate of			
	7.0.Box 657 SORA Springs 10 33276	:	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only	
gnatu inted	Name: MARK R. + UGATE	labri p65 Revision 1788	IDANO SECRETARY OF STATE 11/13/2002 05:00 CK: 3459 CT: 158810 BH: 645583 1 8 20.00 = 20.00 ASSUM NAME # 2	

Sig

Pri

Capacity: Owner.

(see instruction # 8 on back of form)

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