

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

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NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the undersigne business is:	
2. The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name State Games of Idaho, Inc. Port	ntity or individual(s) doing <u>Complete Address</u>
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Wells Fargo Summer Games PO Box 873 Pocatulo, 1D 83204 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COpy is (if other than # 4 above):	(208) 233-0622
Signature: Dette a Cagen Printed Name: Bette A Cagen Capacity: Executive Director, Secretary (see instruction #8 on back of form) of Beard Of Directors	Secretary of State use only IDAHO SECRETARY OF STATE 64/17/2001 69:00 CK: 6346 CT: 145899 BH: 391485 1 # 20.86 = 28.88 ASSUM MANE # 2