

CERTIFICATE OF ASSUMED BUSINESS NAME

submits for filing a certificate of Assumed Business Name.

FILED FETT 2005 JAN 19 BM 8: 1/4 Pursuant to Section 53-504, Idaho Code, the undersigned

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Boise	e Rock Gym
2. The true name(s) and business address(e business under the assumed business na Name Wings, Inc.	· · · · · · · · · · · · · · · · · · ·
	on and Public Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Wings Center	Secretary of State 700 West Jefferson Basement West PO Box 83720
1875 Century Way Boise, Idaho 83709-2802	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above): Same as #4 above 	nent Phone number (optional): 208-376-3641
Carrie as #4 above	Secretary of State use only
gnature:	IDAHO SECRETARY OF STATE 91/19/2005 05:0 CK: 15771 CT: 169870 BH: 7888
rinted Name: Franklin B. Sahlein	IDAHO SECRETARY OF STATE 81/19/2005 05=0
apacity/Title: President (see instruction # 8 on back of form)	CK: 15771 CT: 169870 BH: 7884