CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned SECRETARY OF STATE gives notice of adoption of an Assumed Business Name. STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Alt-Escape Adventures	
Name	<u>Complete Address</u>
Robert Hoffmann	115 N. Jackson, #1), Moscon, 11 83843
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	
4. The name and address to which future Phone number (optional): 208 883-06 42 correspondence should be addressed:	
Nobert Hottmann 115 N. Jackson, #D	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Moscow, I) 83843 5. Name and address for this acknowledgm copy is (if other than #4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Nobert Hoffmann Printed Name: Robert Hoffmann	DATE 05/15/1997 0900 93187 2 CK #: 101 CUST# 81498 RESUM NAME 10 20.00= 20.00
Capacity: Sole Proprietor	1100 1

(see instruction # 8 on back of form)

#: D 4537