CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 7 All

To the SECRETARY OF STATE, STATE OF IDAHO

(see instruction # 8 on back of form)

Pursuant to Section 53-504, Idaho Code, the undersigned

 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
Holiday Land	
The true name(s) and business address business under the assumed business	name is/are:
Name	Complete Address
<u>Verne & Debra Stufflebeam</u>	Caldwell, Idaho 83605
The general type of business transacte (mark only those that apply)	d under the assumed business name is:
Retail Trade	e Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-459-8016
2203 Marble Front Road Caldwell, Idaho 83605	Submit Certificate of Assumed Business Name and \$20.00 fee to:
and the same of th	Secretary of State
	Secretary of State 700 West Jefferson
Name and address for this acknowledge copy is (if other than # 4 above).	
	PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
	_
ignature: News Huffle	4 /17/2000 09:00
7 /1 //	CK: 1179 CT: 134885 BH: 341843
rinted Name: Debra Stufflebeam	- 1 % 20.00 = 20.00 ASSUM NAME # 2

D38265