

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

gives notice of adoption of an 1. The assumed business name which the business is:	Assumed Business Name. undersigned use(s) in the transaction of
1st Choice Adventures	
The true name(s) and business address(entries) business under the assumed business name Mame JML Publishing, Inc.	es) of the entity or individual(s) doing nme is/are: <u>Complete Address</u> 941 Buckskin, PO Box Hailey, ID 83333
3. The general type of business transacted us (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Construction 4. The name and address to which future correspondence should be addressed:	
Michael A. Landes PO Box 3958 Hailey, ID 83333	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):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Michael a. Landes	Secretary of State use only IDAHO SECRETARY OF STATE 10/25/1999 09:00 CK: 7396 CT: 122165 BH: 260752 1 0 20.00 = 20.00 ASSUM NAME # 3
Printed Name: Michael A. Landes President	
Capacity:) 30326
(see instruction # 8 on back of form)	₹.