

## CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

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SECRETARY OF STATE STATE OF IDAHO

Adventure Marke	ting Ser	vices	
The true name(s) and business address(es) or business under the assumed business name:     Name     Charlene Brown		ntity or individual(s) doing  Complete Address 159 W.Fremont Rigby, Id. 83442	
3. The general type of business transacted unde			
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>159 W.Fremont Rigby, Id. 83442</li> </ul>		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):			48
		Secretary of State use only	
Signature: (signature required)  Printed Name: Charlene Brown	g:kcoptformslabn, formstabn,p85 Revised:04/2003	01270	U
Capacity/Title: Sole Proprietor  (see instruction # 8 on back of form)	g:tooptite R	IDAHO SECRETARY OF S 12/19/2008 @ CK: 5977 CT: 232384 BH: 1 0 25.06 = 25.08 ASSU	ITATE 15 = <b>00</b> 1149034 IM NAME # 2