Capacity: Legal Counsel

(rece instruction # 8 on back of form)

,	
CERTIFICATE OF ASSUMED (Please type or print legibly. See ins	tructions on reverse.)
To the SECRETARY OF STATE, STATE (Pursuant to Section 53-504, Idaho (gives notice of adoption of an Assu	
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
Private Explorer, Inc.	
The true name(s) and business address business under the assumed business	ns(es) of the entity or individual(s) doing name is/are:
Name Wilson Aviation, Inc.	Complete Address 315 West North 3rd
WITSON AVIACION, Inc.	Grangeville, Idaho 83530
The general type of business transacte (much only those that apply)	ed under the assumed business name is:
Retail Trade X Manufact Wholesale Trade Agricultus	
Services Construc	**
The name and address to which future correspondence should be addressed:	
Private Explorer, Inc.	Submit Certificate of
315 West North 3rd	Assumed Business Name and \$20.00 fee to:
Grangeville, Idaho 83530	
	Secretary of State 700 West Jefferson
5. Name and address for this acknowledge	gment Basement West PO Box 83720
COPY is (il other than # 4 above):	Boise ID 83720-0080
	206 334-2301
-	'Secretary of State use only
Signature:	
Printed Name Jean-Yves Lendormy, Esq.	IDAHO SECRETARY OF STATE
Canacing Legal Counsel	33/23/1998 09:00 Ck: 15424 CT: 71538 BH: 93612

1 0 20.00 = 20.00 ASSUM NAME

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