



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 Assumed Business Name.

01 DEC -7 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction or business is:

Eagle - Spirits . com

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Catherine Reid

110 Peterson Blvd BIKFT, Id 83221-5845

Linda Mann

6020 Arco Hwy #23 Idaho Falls, Id. 83402

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional) (208) 285-5791

Catherine Reid

110 Peterson Blvd

BIKFT, Id 83221-5845

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Catherine Reid

Printed Name: Catherine Reid

Capacity: Partner

(see instruction # 5 on back of form)

Revision 1/90

g 1/90/01/revision p05

IDAHO SECRETARY OF STATE
12/07/2001 05:00
CK: 1 CT: 154378 BH: 433255
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 50339

FILED/EFFECTIVE