



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 FEB -9 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

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

HARRISONVACATIONS.COM

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

Name

ICU Properties, LLC
WANDA S IRISH
(W37398)

Complete Address

P.O. Box 3
HARRISON, ID 83833

3. The general type of business transacted under the assumed business name is:

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

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

ICU Properties, LLC
WANDA S IRISH
P.O Box 3
HARRISON, IDAHO 83833

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

Signature: Wanda S Irish
(signature required)

Printed Name: WANDA S IRISH

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

g1corpformsstateformsstate.pps
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
02/09/2009 05:00
CX: 1370 CT: 233920 RH: 1156837
1 B 25.00 = 25.00 ASSUM NAME # 2

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