



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.

2003 AUG 22 AM 8:44
STATE OF IDAHO

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

Clover Creek Gift Shop, Inc.

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

Name

Oregon Trail Center, Inc.

198848

Complete Address

320 North 4th Street, Montpelier, Idaho 83254

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

Dwight L. Cochran

P.O. Box 323

Montpelier, Idaho 83254

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

Phone number (optional):

(208) 847-3800

Signature: Dwight L. Cochran

(signature required)

Printed Name: Dwight L. Cochran

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

PL8290

IDaho SECRETARY OF STATE
08/22/2003 05:00
CK: 529 CT: 150010 BH: 697877
1 @ 25.00 = 25.00 ASSUM NAME # 2