

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

01 JUL -9 PM 2: 22 STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the business is: DI VINE	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address business under the assumed business na Name Intuitive, L.L.C. (W-15708)	(es) of the entity or individual(s) doing ame: Complete Address 400 S. Main St., Hailey, ID 83333
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	stion and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Intuitive, L.L.C. dba DiVine P.O. Box 1129, Ketchum, ID 83340	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledg copy is (if other than # 4 above): MICHAEL J. KRAYNICK 	ment Phone number (optional):
P. O. BOX 167 HAILEY, ID 83333 208-788-4868	Secretary of State use only
gnature: Multiple inted Name: Kristin Mayle apacity: Member-Manager (see instruction #8 on back of form)	- 96 (1000) - 1000 (1000) - 10

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