CERTIFICATE OF ASSUMED B (Please type or print legibly. See instruc To the SECRETARY OF STATE, STATE OF I Pursuant to Section 53-504, Idaho Code	DAHQ B MAY 18 AH 10: 36
gives notice of adoption of an Assumed 1. The assumed business name which the unbusiness is: UP RIVER	
The true name(s) and business address(es business under the assumed business nam Name	s) of the entity or individual(s) doing ne is/are: Complete Address
Ho Dean Shick Claudia A. Shick	POB 64 Santa, 10 83866
3. The general type of business transacted un (trust only those that apply) Retail Trade	☐ Transportation and Public Utilities ☑ Finance, Insurance, and Real Est
4. The name and address to which future Procorrespondence should be addressed:	hone number (optional): 245 9208
POB 64 Santa 10 83866	Submit Certificate of Assumed Business Name and \$28.80 fee to: Secretary of State
5. Name and address for this acknowledgment copy is greater than 8.4 states. He Dean Shick POR GH	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Santa 10 83866 De De Lean Saice	Secretary of State was easy
ted Name: H. Dean Shick acity: OWNER / Bro Ker (was instruction # 8 on back of face)	IDAHO SECRETARY OF STATE 25/18/1998 29:0 CK: 1925 CT: 98842 BH: 1114
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