



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 APR -2 AM 9:24

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

SV Adventures

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

Name

Complete Address

SV Adventures LLC

105 Exhibition Blvd., P.O. Box 10122, Ketchum,

(W112431)

Idaho 83340

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:

SV Adventures LLC

P.O. Box 10122

Ketchum, Idaho 83340

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

Dana Moloney

P.O. Box 2984

Ketchum, Idaho 83340

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Nick Maricich

Printed Name: Nick Maricich

Capacity/Title: Member of LLC

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
04/02/2012 05:00
CK: 2328 CT: 268799 BH: 1317857
1 @ 25.00 = 25.00 ASSUM NAME 1 2

D154543