

## CERTIFICATE OF ASSUMED BUSINESS NAME

2011 AUG 24 AM 9: 01

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

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	HARRIS	ON BOAT REN	TALS	
The true name(s) and <u>business</u> address(e business under the assumed business nat <u>Name</u> HARRISON VACATIONS, LLC		name: 29922 S	me: Complete Address 29922 S CANDY LN	
(Filing number: W71769)		ST MARI	ST MARIES, ID 83861 8206	
Retail T	rade Transport	ation and Pu tion		
Manufa Finance	cturing	tate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4. The name and address to which future correspondence should be addressed:  HARRISON VACATIONS, LLC  29922 S CANDY LN  ST MARIES, ID 83861 8206		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301		
5. Name and ad copy is (if other	dress for this acknowledg	 gment 		
Signature: Thum	a L Pembert		Secretary of State use only	
Printed Name: Thom		_		
Capacity/Title: Mem		_		
Signature:				
		_	IDAHO SECRETARY OF STATE  98/24/2011 95:00  CK: 2258 CT: 261843 BH: 1287828 1 9 25.08 = 25.00 ASSUM NAME #	

abn.pmd Rev. 07/2010