CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, ਦੀ ਪੈਜੈਕੋਫ਼ੀ gੈਸੈਵੇਰੀ ! 12 gives notice of adoption of an Assumed Business Name.	
The assumed business name which the updates is: The assumed business name which the updates is: The assumed business name which the updates is:	5 STATE OF TOAHO
Black Lake Resort	
The true name(s) and business address(business under the assumed business na	es) of the entity or individual(s) doing ame is/are:
C. Harles B.G. I hert	Complete Address 261735 Anderson Dr St Marier I 878
The general type of business transacted	under the assumed husiness name is:
Retail Trade	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 208 68号子07/
CHarles B Gilbert 261735 Underson Dr.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature house 3/hafford	Revision 12/99
Printed Name: CHarles B Gilbert	IDAHO SECRETARY OF STATE 95/20/2002 05:00
Capacity:	CK: 2171 CT: 158010 BH: 466661 1 8 20.00 = 20.00 ASSUM NAME 8 2
(see instruction # 8 on back of form)	D 55104