



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 17 11:28

SECRETARY OF STATE
STATE OF IDAHO

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

Emporium Encores

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

Business Adventures, Inc.

PO Box 204 Carmen, ID 83462

(C160286)

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Business Adventures, Inc. c/o Laura Hollingshead
PO Box 204
Carmen, ID 83462

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

Phone number (optional):

(208) 940-0282

Signature

Laura D. Hollingshead
(signature required)

Printed Name: Laura D. Hollingshead

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

D111512

IDAHO SECRETARY OF STATE
05/17/2007 05:00
CK: 1504 CT: 193537 BH: 1054535
1 @ 25.00 = 25.00 ASSUM NAME # 2