Printed Name: __Carol Simmons

President

(see instruction # 8 on back of form)

Capacity:____

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

nn Jill 12 PH Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

The assumed business name which the business is: RESORTS and Common street and common street.	undersigned use(s) in the transaction of
RESORTSandCAMPING.com	
The true name(s) and business address business under the assumed business name Name Carol Simmons	(es) of the entity or individual(s) doing ame is/are: <u>Complete Address</u> PO Box 112, Harrison, ID 83833
3. The general type of business transacted (mark only those that apply) Petail Trade Manufacturii Wholesale Trade Agriculture Services Construction The name and address to which future	ng Transportation and Public Utilities
correspondence should be addressed: Carol Simmons	Sub-mit Court
PO Box 112	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Harrison, ID 83833 Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State
1	Secretary of State use only
	TOOKS SECRETARY OF CLASS

IDAHO SECRETARY OF STATE

96/13/2000 09:00 CK: 7324 CT: 132314 BH: 325852

20.90 = 20.90 ASSUM NAME # 2

D 36575