

Capacity/Title: Owner / mgv.

(see instruction # 8 on back of form)

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.

The assumed business name which the undersign business is: ARCTIC CLEEK LODGE		7;
2. The true name(s) and business address(es) of the business under the assumed business name: Name JACK P. Smth 1924 Note	entity or individual(s) doing	
3. The general type of business transacted under the Retail Trade	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 Phone number (optional):	
	208-865-2372 Secretary of State use only	w
rinted Name: Jack P. Smith		

IDAHO SECRETARY OF STATE

94/18/2005 05:00

CK: 1611 CT: 158010 BH: 805369

1 8 25.00 = 25.00 ASSUM NAME # 2