

CERTIFICATE OF ASSUMED BUSINESS NAME

ASSUMED BUSINESS NAM	FILED/FF
Pursuant to Section 53-504, Idaho Code, the undersi	igned 11VE
submits for filing a certificate of Assumed Business N	lame.
Please type or print legibly. NOTE: See instructions on reverse before filing.	**************************************
	1917/12 P
The assumed business name which the undersigned business is:	ed use(s) in the transaction of
_A+ Pool and Spa	
•	
2. The true name(s) and <u>business</u> address(es) of the e	ntity or individual(s) doing
Name .	
Sandra Woolstenhulme	Complete Address
Sandra Woolstenhulme &	188 N 9200 E Rigby, 10834
	0 0
3. The general type of husiness transacted under the	
serioral type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put	olic Utilities
Services	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
The name and address to which future	
correspondence should be addressed:	Secretary of State 700 West Jefferson
At Pool i Spa	Basement West PO Box 83720
Sandra Woolstenhalme	Boise ID 83720-0080
288 N 42008 Rigby ID 83443	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	208-745-7831
	<u> </u>
	Secretary of State use only
nature: 1000/	
ited Name: Sandra Woolstenhalmon and a second and the second and t	
pacity: partner	

S P Capacity: par in ex (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

11/23/2001 05:00

CK: 1207 CT: 84151 BH: 430986

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