



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOV 12 PM 3:29

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Saltwater Emporium

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

Ammon Covino

5779 N. Lilybrook Way Boise, ID 83713

Crystal Covino

5779 N. Lilybrook Way Boise, ID 83713

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Idaho Saltwater Emporium
5779 N. Lilybrook Way Boise, ID 83713

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

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

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

Phone number (optional):

208-353-8409

Signature: _____

(signature required)

Printed Name: _____

Ammon Covino

Capacity/Title: _____

owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
11/13/2002 05:00
CK: 558 CT: 150010 BH: 645621
1 @ 20.00 = 20.00 ASSUM NAME # 2

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