FILED EFFECTIVE **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. 05 OCT -4 PM 4: 18

SECRETARY OF STATE STATE OF IDAHO

Tropical-Marine So	cience Center
2. The true name(s) and business address(es) of business under the assumed business name: Name Tropical-Marine Conservation Institute Inc.	the entity or individual(s) doing Complete Address 2594 E. Margate Ct., Eagle, ID 83616
The general type of business transacted under Retail Trade Transportation and Construction	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Brian E. Baker 2594 E. Margate Ct. Eagle, ID 83616	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): 208-938-2004
	Secretary of State use only
nted Name:	Sections of the control of the contr

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