



## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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

33 28 PM '99  
**FILED**

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

KB POOL AND SPA

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name  
BRAD TAYLOR  
KELLI LYNN TAYLOR

Complete Address  
13226 MIKE'S BLW O CROWELL, I.O. 83605  
P.O. BOX 1081 MIDDLETON, I.O. 83644  
PHYSICAL ADDR. MAIL ADDR.

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

Retail Trade       Manufacturing       Transportation and Public Utilities  
 Wholesale Trade       Agriculture       Finance, Insurance, and Real Estate  
 Services       Construction       Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-585-6250

BRAO OR KELLI TAYLOR  
P.O. BOX 1081  
MIDDLETON, ID. 83644

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

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

**Secretary of State use only**

IDAHO SECRETARY OF STATE

11/02/1999 09:00  
CK: 1137 CL: 122447 RH: 263007

1 8 28.00 = 28.00 OMISSION NO. 12

Signature: Brad Taylor

Printed Name: Brad Taylor

Capacity: OWNER

(see instruction # 8 on back of form)