CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| To the SECRETARY OF STATE, STATE OF IDAHO Jan 7 2 57 PN '90 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Stamperary OF STATE | |
|---|---|
| 1. The assumed business name which the undersigned use(s) in the transaction of business is: TROPICAL SALTWATER OF IDAHO STATE OF IDAHO TROPICAL SALTWATER OF IDAHO STATE OF IDAHO STATE OF IDAHO AND IDAHO STATE OF IDAHO | |
| 2. The true name(s) and business address(e business under the assumed business na Name Name Name | me is/are: <u>Complete Address</u> |
| | MERIDIAN, ID. 83642 |
| 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade | |
| correspondence should be addressed: TIM WURTZ 2722 W. SHERY C 57. MERIDIAN, ID. 93647 5. Name and address for this acknowledgm | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson |
| COPY is (if other than # 4 above): | PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHU SECRETARY OF STATE |
| gnature: July Wuziz | 201/07/1998 09:00 CK: CASH CT: 92222 BH: 78663 1 8 28.88 = 28.80 ASSUM MANE |

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Capacity:_

(see instruction # 8 on back of form)

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