

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 AUG 15 AM 9: 23

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the unc	dersigned usa(s) in the transaction of
business is:	sersigned use(s) in the transaction of
Twin Dolphin Pool & Spa	
The true name(s) and <u>business</u> address(es) business under the assumed business nam <u>Name</u> <u>Don C. Nielsen Co., Inc. (C43</u> 33)	ne: <u>Complete Address</u> 5657 Emerald Street
3. The general type of business transacted und	der the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Twin Dolphin Pool & Spa 5657 Emerald Street Boise, Idaho 83706	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): Don C. Nielsen Jr. Twin Dolphin Pool & Spa	Phone number (optional):
5657 Emerald Street Boise, Idaho 83706	Secretary of State use only
president de la	IDAHO SECRETARY OF STATE ### ### ### ### ####################

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