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

OF STATE, STATE OF IDAHO

Once the undersigned of the state of the undersigned of th SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned of an Assumed Business Name.

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

MAGIC touch Aquatic nursery

2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Patrick Hall	Complete Address 885 West 400 Santif Pirston IO 83263			
	ROZANNE HOBBS	885 20	est 400 South Preston 10832		
3.	The general type of business transacted und (mark only those that apply)	der the assur	med business name is:		
	X Retail Trade ☐ Manufacturing X Wholesale Trade X Agriculture X Services X Construction	☐ Fina			
4.	correspondence should be addressed:	one number	(optional) (208) 852 3815		
	Patrick Hall 885 west 400 south Preston ID 83263		Submit Certificate of Assumed Business Name and \$20.00 fee to:		
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
	Name of the second seco		Sacretary of State use only		

IDANO SECRETARY OF STATE"

03/14/2001 09:00 CK: 7694 CT: 143551 BH: 384515

1 @ 20.00 = 20.00 ASSUM WAME # 2

Signature: Patricl Hull Printed Name: Patrick Itall Capacity: General Partner

(see instruction # 8 on back of form)