



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 APR 27 AM 9:12

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Aquatic Dreams

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

<u>Name</u>	<u>Complete Address</u>
<u>Matthew Hopkins</u>	<u>2212 E Boone Ave Spokane WA 99202</u>
<u>Shador Pierce-Hopkins</u>	<u>2212 E Boone Ave Spokane WA 99202</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

4655 W. Riverbend Rd
Bozefalls ID 83854

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

2212 E. Boone Ave
Spokane WA 99202

Signature: *Matthew Hopkins*

Printed Name: Matthew Hopkins

Capacity/Title: Owner

Signature: *Shador Pierce-Hopkins*

Printed Name: Shador Pierce-Hopkins

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
04/28/2015 05:00
CK: CASH CT: 158010 BH: 1472915
1@ 25.00 = 25.00 ASSUM NAME #2

D178580