

Capacity/Title:\_

OCINE-

## 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 under	ersigned use(s) in the transaction of
business is:	
Aquatic Dreams	
2. The true name(s) and <u>business</u> address(es)	
business under the assumed business name	_ ·
Name	Complete Address
Muthen Frokins	22128 Bone Ave Sprane WA 99202
Shador Pierco-Hopkins	2212 E. Board Ave Saskane WATE
3. The general type of business transacted und	
Retail Trade Transportation a	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
•	Traine and Paoles 100 to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street PO Box 83720
4655 W. Riverbend Rd	Boise ID 83720-0080
Asthus ID 83854	208 334-2301
5. Name and address for this acknowledgment	
CODY IS (if other than #4 above):	
2212 E. Boone Ave	
Sporano WA 99202	
	Secretary of State use only
Signature: Mwh. Me	
11 11 11	IDANO SECRETARY OF STATE
Printed Name: Whathow Apkins	04/28/2015 05:00 CK:CASH CT:158010 BH:1472915
Capacity/Title: Outov	16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name: Shadee Prece Hopkins	D178580
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