



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

05 AUG 16 PM 4:00

SECRETARY OF STATE
STATE OF IDAHO

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

TIKI BY THE POOL SIDE

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

Name

Verna C. Moldovan

Complete Address

535 W 9 S M.H., ID 83647

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

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

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

TIKI BY THE POOL SIDE

615 S 3 W M.H., ID

83647

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

Verna C. Moldovan

535 W 9 S

M.H., ID 83647

Signature: Verna C. Moldovan

(signature required)

Printed Name: VERNA C. MOLDOVAN

Capacity/Title: _____

(see instruction # 8 on back of form)

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(208) 587-9156

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/16/2005 05:00
CK: CASH CT: 158010 BH: 906598
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 90722