	CERTIFICATE OF ASSUMED BU (Please type or print legibly. See instruction) To the SECRETARY OF STATE, STATE OF IDAH	ons on reverse.)	
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name ECRETARY OF TARK OF THE			
1. The assumed business name which the undersigned use(s) in the transaction of business is:			
	Making Waves		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Shawra Widick 20th Complete Address Cald ID 83607		
	Jennifer Tinklenberg 20th +	Blaine, Cald, ID 83607	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
,	Wholesale Trade Agriculture Fin	ansportation and Public Utilities nance, Insurance, and Real Estate ning	
4.	4. The name and address to which future Phone number (optional): 459-2120 correspondence should be addressed:		
	Caldually ID.	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	
		Secretary of State use only IDAHU SECRETARY OF STATE	
Signatu	re: Moura Widish	04/23/2001 09:00 CK: 1726 CT: 145390 BH: 392744 1 0 20.00 = 20.00 ASSUM NAME # 2	
Printed Name: Shawna Widick			
Capaci	ty:(see instruction # 8 on back of form)	14732	