



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO **00 JAN 10 AM 9:27**
 Pursuant to Section 53-504, Idaho Code, the undersigned
 gives notice of adoption of an Assumed Business Name.

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

Snake River Spa & Stone, Bellevue

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

Name	Complete Address
<u>Four Seasons Spa & Pool/LLC</u>	<u>P.O. Box 5747, Ketchum</u>
<u>Todd Johnston</u>	<u>Idaho 83340</u>

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

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

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

Phone number (optional): 208-726-4069

Four Seasons Spa & Pool/LLC
Todd Johnston
P.O. Box 5747, Ketchum, ID 83340

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

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

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

Signature: Todd Johnston

Printed Name: Todd Johnston

Capacity: Managing Member

(see instruction # 8 on back of form)

Secretary of State, use only

01/10/2000 09:00
 CX: 2221 CT: 104289 DN: 200173

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/98

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