



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

FILED/EFFECTIVE  
01/25/2002

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

TROPICAL VISIONS

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 Tom DREWIEK - P.O. Box 83 - 83 NIECE AVE - STANLEY, ID 83278  
Complete Address

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 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): \_\_\_\_\_

TROPICAL VISIONS

P.O. Box 83

STANLEY, IDAHO 83278

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

Secretary of State use only

Signature Tom Drewiek

Printed Name: Tom DREWIEK

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

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IDAHo SECRETARY OF STATE  
01/25/2002 05:00  
CK: CASH CT: 156383 BH: 442307  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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