

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED**



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.

98 AUG 18 PM 1:46

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

Four Seasons Spa & Pool Svc.

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>Todd Johnston (Manager)</u>	<u>P.O. Box 4381, Ketchum, ID 83741</u>
<u>Berald Boas (Owner)</u>	<u>P.O. Box 1366 Sun Valley, ID 83733</u>

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

<input 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 Svc.  
% Todd Johnston  
P.O. Box 5747, Ketchum, ID 83741

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: Todd Johnston

Printed Name: Todd Johnston

Capacity: General Manager

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE

09/21/1998 09:00  
CK: 1032 CT: 104209 BH: 146951

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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