



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

JUN 20 10 50 AM

SECRETARY OF STATE
STATE OF IDAHO

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

SpaHound

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

Name

Tracey L. Marks

Complete Address

P.O. Box 71, Inkom, ID 83245

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☒ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

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

SpaHound

P.O. Box 71

Inkom / Idaho / 83245

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

Phone number (optional):

Secretary of State use only

Signature:

Tracey L Marks
(signature required)

Printed Name:

Tracey L. Marks

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
06/20/2007 05:00
CK: 3015 CT: 214575 BH: 1060990
1 @ 25.00 = 25.00 ASSUM NAME # 2