		See instructions on reverse.)
	To the SECRETARY OF STATE, STA	aho Code, the undersigned Assumed Business Name.
1.	The assumed business name which the ubusiness is: CENTRE ICE SPORTS	Assumed Business Name. Indersigned use(s) in the transaction of the entity or individual(s) define.
2.	The true name(s) and business address(e business under the assumed business na Name WARD B. CRAWFORD	be, or the entity of marvidual(3) doing
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	Retail Trade	Finance, Insurance, and Real Estate
	CENTRE ICE SPORTS 5900 W. SELTICE WAY \$5 POST FAUS, LOAHO 83854	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
	Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signatu	re: wblamps	Secretary of State use only IDANO SECRETARY OF STATE 96/96/2991 99:00 CK: 2979 CT: 147266 BH: 481227 1 8 28.88 = 28.88 ASSUM NAME 1 2
Printed	Name: WARD B. CRAWGORD	
Capacit	(see instruction # 8 on back of form)	D 4587