	CERTIFICATE OF ASSUMED BUS (Please type or print legibly. See instruction	SINESS NAME
	the SECRETARY OF STATE, STATE OF IDAHO ursuant to Section 53-504, Idaho Code, the	undersigned AY - I AM 0. 34 ness Name.
1.	The assumed business name which the undersigned us business is Bayview Boaters Servi	e(s) in the gansachologic
2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are:	or individual(s) doing
	Kent D Kieswetter PO Box	nplete Address 399
	Bay View	Fier Rd 5 ID 83803
3.	The general type of business transacted under the assu (mark only those that apply)	med business name is:
	Wholesale Trade Agriculture Final	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	correspondence should be addressed:	(optional):
•	PO Box 399	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5	BAYVIEW ID 83803	Secretary of State 700 West Jefferson
J.	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	8 15/8	Secretary of State use only
	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	05-4804

Signature:

Printed Name: Ken

Owner Capacity:

(see instruction # 8 on back of form)

g:\corp\forms\abn.p65

IDAHO SECRETARY OF STATE

05/09/2002 05:00

CK: 2597 CT: 158010 BH: 464762
1 0 20.00 = 20.00 ASSUM NAME # 2