CERTIFICATE OF ASSUMED BUSINESS NAME

FILE

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

To the SECRETARY OF STATE, STATE OF IDAHO

99 JUN 21 AM 10:49

STATE OF IDAHO

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

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

   THE BOAT DOCTOR

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
Edwin Szczepaniak / Deborah Conway	6700 W. Twin Echo Road Pathdrum ID 83858

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208/687-2970

   Edwin Szczepaniak
   6700 W. Twin Echo Road
   Pathdrum ID 83858

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

Signature: Edwin Szczepaniak

Printed Name: Edwin Szczepaniak

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only

IDAHO SECRETARY OF STATE

06/21/1999 09:00

CK: 2855 CT: 117074 BH: 227418

1 @ 20.00 = 20.00 ASSUM NAME # 2

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