(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO



business is:	the undersigned use(s) in the transaction of
RENEGADE	E GOLF
2. The true name(s) and business address business under the assumed business Name DOLE DIMENSIONS, INC.	ess(es) of the entity or individual(s) doing s name is/are: <u>Complete Address</u> 1440 VEGA CIRCLE, IDAHO FALLS, ID 83402
3. The general type of business transacte (mark only those that apply) X Retail Trade	turing Transportation and Public Utilities re Finance Insurance and Basis
4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 IDAHO FALLS, ID 83402 Name and address for this acknowledge copy is (if other than #4 above): BRIAN T. TUCKER P.O. BOX 51630 	Secretary of State
IDAHO FALLS, ID 83405-1630 Signature: Voll Dale	Secretary of State use only S S S S S S S S S S S S S
Printed Name: TODD R. DOLE	9 07/21/1999 09:00 CK: 29330 CT: 2834 BH: 235460

1 8 28.88 = 28.88 ASSUN NAME # 2

D27749