CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO	20	DM	0- 10
Pursuant to Section 53-504, Idaho Code, the undersigned	20	FFI	3: 19
gives notice of adoption of an Assumed Business Name:	ARY	OF	STATE

	Pursuant to Section 53-504, le gives notice of adoption of an	daho Code, the Assumed Busii	undersigned 20 FF 3: 19 ness Name TARY OF STATE
1.	The assumed business name which the business is:	undersigned us	e(s) in the transaction of
	KSES ENTERPRIZES		
2.	The true name(s) and business address business under the assumed business n		or individual(s) doing
	Name KRISTIE M. MARTIN	<u>Col</u> 9675 w. Gle	nplete Address Boise, Id. 83704
	Onelly A. MARTIN	9675 W. GL	ENELLYN OF BOISE, FA. 83704
	Shirley A. VEINE	6945 W. Tr	AMARINDO CT. BOISE IN 83703
3.	The general type of business transacted (mark only those that apply)	under the assu	med business name is:
	Retail Trade	Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:	Phone numbe	r (optional):(<u>208)</u> 327 -992 <i>[</i>
	Shelly A. MARTIN		Submit Certificate of
	9675 W. GleN ELLYN ST		Assumed Business Name and \$20.00 fee to:
	BOISE, Idaho 83704		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledge	nent	Basement West PO Box 83720
	COPY IS (if other than # 4 above):		Boise ID 83720-0080 208 334-2301
		8	Secretary of State use only

Signature: Shelly A Martin OSHELLY A. MARTIN Printed Name: ___

Capacity: DIRECTOR Research & Developmen 7

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

97/26/2000 09:00 CK: 2186 CT: 134810 BH: 336453

1 0 20.00 = 20.00 ASSUM NAME # 2

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