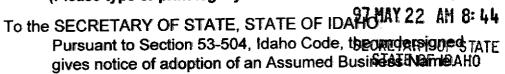
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





1. The assumed business name which the undersigned use(s) in the transaction of business is: Alpine Aquatics			
2.	The true name(s) and business address(es) business under the assumed business name Name	es) of the entity or individual(s) doing ame is/are: <u>Complete Address</u>	
	Kevin Lenane	PO BOX (1370 Ketthum ID 83340
3.	The general type of business transacted une (mark only those that apply)	der the assu	med business name is:
•	Retail Trade		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future Phone number (optional): <u>208</u> 785^1803 correspondence should be addressed:		
4	PO Box 1370	^	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Revision 2/97	Secretary of State use only IDAHO SECRETARY OF STATE DATE 05/22/1997
Signaţ	ure:		0900 95127 2 CK #: 3625 CUST# 81806
Printed	Name: <u>Kevin Lenane</u>	gud uqr	ASSUM NAME 18 20.00= 20.00
Capac	(see instruction # 8 on back of form)	g.toorpformstabn.pm6	#: D 4738