## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

10 JN 19 M 10: 36

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: MAI ONE Y-A SSOCIATE
COUNTARTOR REPAIR + REFINISHING	
	Cognition Marine Vice 111/3/11/16

2.	The true name(s) and business address(es) of the entity or individual(s) doing
	business under the assumed business name is/are:

	KARI MAIONE	2945 ROCKCREIK KO HAMEN
	(Sec)	ZO 83339
	ALICIA PEREYRA	2945 ROCKCREEK RO HAMBEN ID
3.	The general type of business transacted u	nder the assumed business name is:
	RETAIL TRADE	
	See categories on the reverse	.a
4.	The name and address to which correspond	ndence should be addressed:
	KARL MALONE	:/
	2945 ROCK CREEK RO.	HANSKY IP-83334
	Signed <sub>—</sub>	
		Jan Maria
	Ву ′	DARC MALONE
	Capacity_	OWNER

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer#

SUPPLEASE CRESORY OF STATE

06/19/2000 09:00 CK: 3747 CT: 132563 BH: 327461

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