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

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned UN 25 All 9: 12

gives notice of adoption of ar	
business is:	undersigned use(s) in the transaction of Ho
MARESCA E	NTERPRISES
The true name(s) and business address business under the assumed business r	e(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
MARK MARESCA	1273 Columbus St.
	Boise, ID 83705
The general type of business transacted (mark only those that apply)	I under the assumed business name is:
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Esta
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208 433-8962
Mark Moresca 1273 Columbus St.	Submit Certificate of Assumed Business
0	Name and \$20.00 fee to:
Boise, ID 83705	Secretary of State
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only 3 IDAHO SECRETARY OF STATE
	IDAHO SECRETARY OF STATE 66/25/1999 69:00 CK: 378 CT: 117282 BH: 228856
nature:	1 8 20.00 = 20.00 ASSUM NAME # 2
ted Name: Mark Maresca	D 27148
pacity: Sole Proprietor	I DE COLLINA

(see instruction # 8 on back of form)