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

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of ar	n Assumed Business Name.
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
Pace Sculptu	re S = Q
The true name(s) and business address business under the assumed business r	s(es) of the entity or individual(s) doing name is/are:
<u>Name</u>	Complete Address S
Shannon Pace	360 Broadford Rd.
Arek Pace	360 Broadford Rd.
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade	e
4. The name and address to which future correspondence should be addressed:	Phone number (optional):(208) 578-1748
P.O. Box 357	Submit Certificate of Assumed Business
Hailey, Id. 83333	Name and \$20.00 fee to:
	Secretary of State 700 West Jefferson
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment Basement West PO Box 83720
11	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
8-16-	Revision 1209
gnature: Shannon tace	- IDAHO SECRETARY OF STATE
nted Name: <u>Shannon Pace</u>	08/17/2001 05:00
pacity: Owner	rs/ab
(see instruction # 8 on back of form)	D 47670