CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED EFFECTIVE

2007 FEB 23 PH 12: 14

STATE OF IDAHO

Marine Protection Products and Services	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Steve Khoma	2521 N. Bunchgrass Drive
	Post Falls, ID 83854
The general type of business transacted under	the assumed business name is:
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Steve Khoma 2521 N. Bunchgrass Drive Post Falls, ID 83854	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above). 	Phone number (optional): (619) 977-4527
same	Secretary of State use only
Signature: (signature required) Printed Name: Steve Khoma Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 92/23/2007 05:40 CK: 1862337 CT: 172890 PM:40

CK: 1062337 CT: 172099 BH: 1035547 1 @ 25.00 = 25.00 ASSUM NAME # 2

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