Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.)	
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, to gives notice of adoption of an	daho Code, the undersighed 30 AN 9: 16
1. The assumed business name which the business is:	undersigned use(s) in the transaction of
Metal Art Ma	s Krs
2 The true name(s) and business address(business under the assumed business name	es) of the entity or individual(s) doing ame is/are:
<u>Name</u>	Complete Address
Shannon Pace	360 Broadford Rd.
Arek Pace	360 Broadford Rd.
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: Pace	Phone number (optional):(208) 578-1748
P.O. Box 357	Submit Certificate of Assumed Business Name and \$20.60 fee to:
Hailey, Id. 83333	Secretary of State 700 West Jefferson
 Name and address for this acknowledgm copy is (if other than # 4 above): 	Basement West PO Box 83720
11	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Mannon face 1/ 28/200	Per Island 1988
Signature: Shannon Tace	IDAHO SECRETARY BE STATE
Printed Name: Shannon Pace	02/10/2004 05 = 00 CK: 1042 CT: 158010 BH: 726578 1 6 25.00 = 25.00 ASSUM NAME # 2
O	E SHILL UNCOU DO SOLD IN THE E

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