Capacity/Title: PRES! DENT

(see instruction #8 on back of form)



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

SELECTIVE
SELECTIVE
SELECTIVE
STATE OF TOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before f	ling. $^{OAHO}$
The assumed business name which the unders business is:	
SNAUE PIVEN	STONE
2. The true name(s) and business address(es) off business under the assumed business name:  Name	
The general type of business transacted under the second control of the second cont	he assumed huginons
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  NORTON CONSULTING INC  565 E BOSANKA  FAGLE ID \$3616  5. Name and address for this acknowledgment	
COpy is (if other than # 4 above):	. 208-284 36 50
	Secretary of State use only
gnature:	•
inted Name: JOHN M. NORTON	

IDAHO SECRETARY OF STATE

08/26/2004 05:00

CK: 1145 CT: 158010 BH: 763022

1 0 25.00 = 25.00 ASSUM NAME # 2

D79504