



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 JUL -1 AM 9:50
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

D+T Tile

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u> | <u>Complete Address</u> |
|---------------------|---------------------------------|
| <u>DALE C SHANK</u> | <u>2715 E 3700 N Twin Falls</u> |
| | <u>ID 83301</u> |

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

D+T Tile
2715 E 3700 N
Twin Falls ID 83301

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: Dale C Shank
(signature required)

Printed Name: Dale C Shank

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 12/2001

IDAHO SECRETARY OF STATE
07/01/2002 05:00
CK: 1033 CT: 150018 DN: 474771
1 @ 20.00 = 20.00 ASSUM NAME # 2

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