

Capacity/Title: SWITER

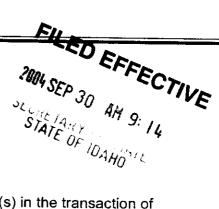
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



PARTER'S THE	
The true name(s) and business address(e business under the assumed business na Name	nme: Complete Address
Repard 2434489	
	1 101/22 Tof Aho
	2.26.36
. The general type of business transacted ι	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
PARKER'S TILE	PO Box 83720 Boise ID 83720-0080
524 BANNER ST NAVARA T. So 83686	208 334-2301
5. Name and address for this acknowledgm	nent Phone number (optional):
COPY IS (if other than # 4 above):	966-3664
	Secretary of State use only

IDAHO SECRETARY OF STATE

09/30/2004 05:00

CK: 2446 CT: 158810 BH: 768719
1 0 25.00 = 25.00 ASSUM NAME # 2