

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2000 MAY 20 PM 1:59

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

STATE OF TOAHO

Native	e Touch
2. The true name(s) and business address(es business under the assumed business nam Name W11393 S&S Technologies L.L.C. Susan Laflin) of the entity or individual(s) doing le: Complete Address 1258 East Airport Road, Blackfoot, ID 83221 1258 East Airport Road, Blackfoot, ID 83221
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Native Touch 1258 East Airport Road Blackfoot, ID 83221	der the assumed business name is: and Public Utilities 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
5. Name and address for this acknowledgmen copy is (if other than #4 above):	t Phone number (optional): (208) 604-3427
	Secretary of State use only
nted Name: Susan Laflin pacity/Title: Owner/Manager (see instruction # 8 on back of form)	IDAHO SECRETARY OF ST 95/20/2004 95 CK: 2878 CT: 179398 BH:

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