Capacity/Title:

(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.

02 MAY 17 PM 12: 20

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1. The assumed business name which the undersigned business is: Touch Stone Marble	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name Gina L. Gayoi Boid	Complete Address 6 N. Chafferfon Way se , ID \$3713-1957
3. The general type of business transacted under the and Retail Trade Transportation and Pull Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Gina Savoi 3236 N. Chatterfon Way Poise ID 83713	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): 108 - 76 (-0615 (cell) 229-0615 (vm)
	Secretary of State use only
Signature: Sing L Swoi Printed Name: Ging L Swoi	IDAHO SECRETARY OF STATE 05/22/2002 05:00 CK: 1005 CT: 158010 BH: 467273

CK: 1005 CT: 158010 BH: 467273 1 0 20.00 = 20.00 ASSUM NAME # 2