CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF DATA Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

The assumed business name which the	
business is: The Floor Sta	ore
The true name(s) and business address business under the assumed business name	• • • =
<u>Name</u>	Complete Address
Garge Cogswell	7786 Ray bow ct. NAUGA ID. 8368
Brandy Cogswell	7786 Rainbowct. NAUG+ ID. 83681
3. The general type of business transacted (mark only those that apply)	I under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
George Cogswell 7786 Rainbow et.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
NAMPA, FDAID 83687	Secretary of State 700 West, Jefferson
5. Name and address for this acknowledge copy is (if other than # 4 above).	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	IDANO SECRETARY OF STATE Secretary of State use only @ @2/25/2000 09:00 CK: CASH CT: 71068 BH: 293501
nature: Oxy 1- Caysull	CK: CASH CT: 71068 BH: 293501
nted Name: George T. Cogswell	D 33458
pacity: ONR (see instruction # 8 on back of form)	pytorms