

CERTIFICATE OF ASSUMED BUSINESS NAME

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

03 AUG 12 PH 12: 32

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the un- business is: 	dersigne	d use(s) in the transaction of
PEARCES COUNTERTOPS		
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name TESSE CPERCE	ne:	entity or individual(s) doing Complete Address FCK POT - KUNA TD 83439
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade X Construction		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: ###################################		Secretary of State 700 West Jefferson Basement West PO Box 83720
PO BOX 53 KUNA, ID. 83634		Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	nt	Phone number (optional):
		Secretary of State use only
Signature: Jours 6 Peace	g. corp forms labn forms labn.p65 Revised 04/2003	D67856
Printed Name: TESSE & PERRE	forms\abn form:	IDAHO SECRETARY OF STATE OB/12/2003 05:00
Capacity/Title: CWNER	orp Vform Revi	CK: CASH CT: 158818 BH: 695917 1 8 25.88 25.88 ASSUM NAME # 2
(see instruction # 8 on back of form)	6	