CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of revealed) ECTIVE To the SECRETARY OF STATE, STATE OF IDAHO			
To the SECRETARY OF STATE, STATE OF IDAHO FEB 24 12 05 PH * ()) Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business NameSsoc			
 The assumed business name which the undersigned use(s) in the transaction of business is: 			
	TOUCH OF COLOR		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Complete Address	
	THOMAS K. HARTSOCK	2042 20	NGMONT ST.
v.		BOISE, 12	0.83706
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufactur Vholesale Trade Agriculture Services Construction	Fi	ransportation and Public Utilities nance, Insurance, and Real Estate ining
4.	4. The name and address to which future correspondence should be addressed:		
	2042 LONGMONT ST. BOISE, 1D. 83706		Submit Certificate of Assumed Business Name and \$20.00 fee to:
			Secretary of State
5.	Name and address for this acknowledgm COPY IS (if other than # 4 above):	ent	700 West Jefferson Basement West PO Box 83720
			Boise ID 83720-0080 208 334-2301
		8	Secretary of State use only IDAHO SECKETAKY OF STATE
		Revision 1/36	Øデノア4ノアグダル ゼラ:ゼゼ CK: 3047 CT: 12/205 DH: 493038
Signature: <u>I formas & Stantfree</u> Printed Name: THOMAS K. NASTSOCK 8 T Z Z L D (
Capacity: OWNER OPERATOR D 33436			
	(see instruction # 8 on back of form)	givorptiomsabn.p65	