CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAMES See instructions on reverse
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of the side of state of adoption of an Assumed Business Name. 1. The assumed business Name.	
The assumed business name which the undersigned use(s) in the transaction business is:	
ONEIDA	TILE
2. The true name(s) and business address(establishess under the assumed business name Name CORE(SONEIDA	s) of the entity or individual(s) doing me is/are: Complete Address P.O.Box 3153 HATLEY ID 83333
The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 4. The name and address to which future properties correspondence should be addressed:	9
CREGGD ONEIDA P-0-BOX 3153 HATLEY TD 83333 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only IDANO SECRETARY OF STATE 04/26/2001 09:00 CK: 2351 CT: 145587 BH: 393557 1 2 28.00 = 28.00 ASSUM NAME 2 2
Printed Name: CREGG ONEIDA	
(see instruction # 8 on back of form)	D 44823