

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing. 119 10 FN 3: 10 STATE OF IDAHO

| NOTE: Occinion desired  | STATE OF TOTAL  |
|---|---|
| 1. The assumed business name which the undersigned usiness is:  Atlantic Stone Pr                                   | se(s) in the transaction of   |
| NEROLOY GOVRA 249   | ity or individual(s) doing  Complete Address  FN. HICKORY WAY  RIMAN FD  83642  |
| 3. The general type of business transacted under the assumed business name is:                                      |   |
| Retail Trade  | 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  Phone number (optional): 941-2050 |
|   | Secretary of State use only   |
| Signature: Nikolay Godra  Printed Name: Nikolay Godra  Capacity/Title: Owner  (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE  03/11/2003 05:00  CK: 1827 CT: 158810 BH: 667691 1 @ 20.00 = 20.00 ASSUM NAME # 2   |