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CERTIFICATE OF

Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Mayer Tile & Stone	
2. The true name(s) and business address(es) business under the assumed business name Name Hector Vall	
3. The general type of business transacted und	ier the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Hector Vali 501 Westview Harrison ID 83833	Submit Certificate of Assumed Business Name and \$25.00 fee to: idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than #4 above):	nt .
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