FORM 4	4
--------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

02)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)										
1. Name and Address of Reporting F Limpert Andrew	2. Issuer Name and Ticker or Trading Symbol FLOORING ZONE INC [FZON]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner			
(Last) (First) 1245 BRICKYARD ROAD, S	(Middle) UITE 590	3. Date of Earlies 10/09/2008	3. Date of Earliest Transaction (Month/Day/Year) 10/09/2008					X Officer (give title below) Other (specify below) Chief Financial Officer		
(Street) SALT LAKE CITY, UT 84106	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Ta	ble I - Nor	1-Dei	rivative Secu	rities A	Acquir	ed, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)		2A. Deemed Execution Date, if any			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	, , , , , , , , , , , , , , , , , , , ,	6. 7. Nature Ownership Form: Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	10/09/2008		<u>J(1)</u>		6,224,950	D	(1)	5,325,150	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

> Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.1	Numbe	r 6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	ı of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	rivativ	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	See	curities				rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security					) or			4)			0	Direct (D)	
						sposed						*	or Indirect	
						(D)						Transaction(s)	< /	
					×	str. 3,						(Instr. 4)	(Instr. 4)	
					4, :	4, and 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
							Excretisable	Date		of				
				Code V	(A	(D				Shares				

# **Reporting Owners**

[		Relationships						
к	eporting Owner Name / Address	Director	10% Owner	Officer	Other			
1	Limpert Andrew 1245 BRICKYARD ROAD SUITE 590 SALT LAKE CITY, UT 84106	х	х	Chief Financial Officer				

## Signatures

/s/ Andrew Limpert	10/14/2008	
**Signature of Reporting Person	Date	

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

On October 9, 2008 in connection with the closing of an Acquisition Agreement, dated September 30, 2008, among The Flooring Zone, Inc. and Profire Combustion, Inc. (1) and the Shareholders of Profire Combustion, Inc., the reporting person agreed to cancel 6,224,950 shares of common stock of The Flooring Zone, Inc., held in his own name

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.