FILED EFFECTIVE



Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

- 1						
ı		CERTIFICATE OF	E OF			
Ш		CENTIFICATE OF		COUVE	ı	
ASSIMED PUCINICO MANA					J	
Ш	ASSUMED BUSINESS NAME				J	
Ш	Pursuant to Section 53-504, Idaho Code, the undersigned				J	
Ш	ASSUMED BUSINESS NAME 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.					
	Thing a certificate of Assumed Business Name.					
П	Please type or print legibly.					
- [NOTE: See instructions on reverse before filing.					
	Out of leverse before filing.					
H						
	The assumed business name which the undersigned use(s) in the transaction of					
	business is:					
Ш						
Ш	M. F. ola					
MCFARLANE TILE					Ш	
					Ш	
Ш	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name.					
1	busin	do name(s) and <u>business</u> address(es)	of the	entity or individual(s) doing	Ш	
	มนรเก	ess under the assumed business name	e:	, admig	Ш	
	i	<u>Name</u>				
	<i>i</i> ~ .			Complete Address		
Ш	<u> 120</u> 1	ren Lee Metarlane	Dom			
1			Wing	5846 Harcourt Dr.		
IJ	COEUR D'ALENE FD				11	
			<u> </u>	UNDALENE ID	li .	
				83815	ll -	
The general type of business transacted under the assumed business name is:					11	
					11	
					11	
ŀ	Detail Tools Transmit (
ļ	Retail Trade Transportation and Public Utilities					
ļ	Wholesale Trade				1	
l	· ·	·	1			
	<u></u> '	Services		Out to the out	1	
	L L I	Manufacturing		Submit Certificate of	ł	
				Assumed Business	l	
		Finance, Insurance, and Real Estate		Name and \$25.00 fee to:	1	
l				720166 (CC (O.	,	
	4. The na	ame and address to which future	- 1	Secretary (or)		
	corresi	pondence should be addressed:	ľ	Secretary of State		
	30,,00,	condence should be addressed;	i	700 West Jefferson		
	Ω_{1}	0 / 11 / /		Basement West		
	1201	crew L McFaclars	1	PO Box 83720		
	.520	16 HARCOURT Dr.	ł	Boise ID 83720-0080		
	~ 12/		l	209 224 2204		
	Co	EUR D'ALENE 83815 IL	\sim	208 334-2301		
5. Name and address for this acknowledgment Phone number (optional):				Dhana muusik		
	convi	c		Phone number (optional):		
	copy is	S (if other than # 4 above).				
			•	1-208.665-4607		
				,		
						
				Secretary of State use only		
		8	8			
0						
5	Signature:					
_	(aignature required) (bigging)					
Pi	Printed Name: Darren Lee McFarlage 19/27/2003 05 = 00					
		THE MICHALLY & I	. <u>8</u>	10/27/2003 05:00		

IDAHO SECRETARY OF STATE
10/27/2003 05:00
CK: 1885 CT: 158918 BH: 788419
1 8 25.88 = 25.88 ASSUM MANE # 2