	CERTIFICATE OF ASSUM (Please type or print legibly. Se	MED BUS	SINESS NAME 10 AM 9: 04	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.				
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
2.	Anderson Flooring 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name Compl		nplete Address W Weston, ID 83286-5135	
3.	The general type of business transacted un (mark only those that apply)	general type of business transacted under the assumed business name is: (mark only those that apply)		
4	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction The name and address to which future P	Final	nsportation and Public Utilities ance, Insurance, and Real Estate hing (optional): 208-747-3345	
	correspondence should be addressed: Kurt Anderson 3388 S 5600 W Weston, ID 83286-51		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than #4 above):			
		2/68	Secretary of State use only	
Signati	ure: Kart Sharlerson	Revision 12/95	053775	
Printed Name: Kurt Anderson والمعادة المعادة				
Capacity: Owner (see instruction # 8 on back of form)		g:tconpformstabn.p65	IDAHO SECRETARY OF STATE 94/10/2002 95:00 CK: 989 CT: 158816 BH: 458188 1 8 29.89 = 28.88 ASSUM NAME # 2	