CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)





gives notice of adoption of an Assumed Business Name. e transaction of 1. The assumed business name which the undersigned u business is: <u>Tims</u> 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: Complete Address Name Timothy J. Erwin 460 Megan ST. Post Falls, ID. 83854 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional):(208)777-8144 correspondence should be addressed: Tim Erwin Submit Certificate of Assumed Business 460 Megan ST. Name and \$20.00 fee to: Post Falls, ID. 83854 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Dimothy Alivi

Printed Name: Timothy J. Erwin

Capacity: 0wner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

06/07/2002 05:00

CK: 2989711080 CT: 158010 BH: 478391