

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE D8 FEB -1 AM 9: 06

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See Instructions on reverse before filing.

Super Floors	
The true name(s) and business address(es business under the assumed business name Name	e;
Mitchel A Shockley	Complete Address
The state of the s	1051 Little Black Tail Rd
	Careywood Idaho 83809
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Mitchel A Shockley 1051 Little Black Tail Careywood ID 83809	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
i. Name and address for this acknowledgmen copy is (if other than #4 above):	
	Secretary of State use only
nature: Matalia Markle	SSO TO THE PROPERTY OF THE PRO
(algnature required)	(2003)
nted Name: Mitchel A Shockley	IDAHO SECRETARY OF CK: 7762 CT: 158010 BH
pacity/Title:Owner	E UN: 7762 CT: 154919 DU
(see instruction # 8 on back of form)	1 # 25.86 = 25.88 AS

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