

CERTIFICATE OF ASSUMED BUSINESS NAME

09 FEB 23 AM 9: 51

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the under business is:	ersigned use(s) in the transaction of
Brown's Custom	Flooring
The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing
Name	Complete Address
Tim A-Brown	343 2nd Ave N. #7
	Twin Falls Id 82301
3. The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	and Public Utilities
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
Tim A. Brown	Boise ID 83720-0080
343 2nd Ave N. #7	(208) 334-2301
Twin Falls Id 83301	
5. Name and address for this acknowledgmen	t · · · · · · · · · · · · · · · · · · ·
COPY is (if other than # 4 above):	
same as above	Secretary of State use only
gnature: Limoth A Brown	SECRETARY OF STATE SECRETA
inted Name: Finothy A. Brown	IDAHO SECRETARY OF STATE 92/24/2009 05-00
apacity/Title: 0Wne/	92/24/2009 05:00 CK: 62848698 CT: 158610 BH: 11562
(see instruction # 8 on back of form)	8 1 9 25.00 = 25.00 ASSUM NAME #
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