



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILE

03 JUL -2 PM 4:43

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 undersigned use(s) in the transaction of business is:

CHRISTIANSEN FLOOR COVERING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

WILLIAM E. CHRISTIANSEN

21015 S. MOSSY ROCK CT.

OREGON CITY, ORE. 97045 - PERM. ADDRESS.

443 ARROWHEAD DR. NAMPA, ID. 83686 - TEMP. ADDRESS.

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

443 ARROWHEAD DR.

NAMPA, ID. 83686

(208) 463-2355

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N/A SAME AS ABOVE

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(503) 267 8191 (C)

Secretary of State use only

De 6831

Signature: William E. Christiansen  
(signature required)

Printed Name: WILLIAM E. CHRISTIANSEN

Capacity/Title: OWNER - CHRISTIANSEN  
FLOOR COVERING.

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE  
07/03/2003 05:00  
CK: CASH CT: 158010 BH: 609227  
1 @ 25.00 = 25.00 ASSUM NAME # 2