



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

**FILED EFFECTIVE**

2006 FEB 22 AM 10:39

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

RECEIVED  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SLICKROCK TILE

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
JACOB W HOBBS	1220 CORINNE AVE
	IDAHO FALLS, ID 83402

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:

JACOB W HOBBS  
1220 CORINNE AVE  
IDAHO FALLS, ID 83402

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

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

Phone number (optional):

208 521-5253

Signature: JACOB W HOBBS

(signature required)

Printed Name: JACOB W HOBBS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/22/2006 05:00  
CK: 733662 CT: 172099 BH: 939863  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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