

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 JUN -7 AM 8: 39

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

The assumed business name which the up business is:	ndersigned use(s) in the transaction of
MR Hardwood	
2. The true name(s) and business address(e business under the assumed business name Name Michael Hurt	es) of the entity or individual(s) doing me: Complete Address 11257 W. Meadowbreeze Ct. Star 7
The general type of business transacted u	inder the assumed business name is:
Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michael J Hurt 11257 W Meadow breeze C+ Star Jd. 83669	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): (208)898-4032
	Secretary of State use only
Signature:	G'hoorpiformeslabri formeslabri p66 Revised O4/2003
Capacity/Title: 🗘 ಎಸ್ಡ್	Rest
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 96/97/2006 05:00 CK: 1224 CT: 158810 BH: 958627 1 8 25.88 = 25.80 ASSUM NAME #