

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

<del></del>	
CERTIFICATE OF	NAME PARTIED EFFECT
ASSUMED BUSINESS	NAME e undersigned usiness Name.  AM 8: 57
Pursuant to Section 53-504, Idaho Code, th	e undersigned
submits for filing a certificate of Assumed Bi	usiness Name.
Please type or print legibly.	
NOTE: See instructions on reverse befor	e filing.
The assumed business name which the und	
business is:	
HEDWORTH WIDOD FLOORING	
The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business nam	
Name	Complete Address
BRYCE HERWORTH	1249 GRAND AVE # 404
, ,	BOISE 10, 8370
	,
	and Public Utilities
□ Wholesale Trade □ Construction □ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: □ BRYCE □ PUDENT	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
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:    BRYCE ☐ CORM   FUE # 404	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
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IDAHO SECRETARY OF STATE 04/27/2004 05:00 CK: 1052 CT: 158018 BH: 741634 1 8 25.00 = 25.00 ASSUM NAME # 2