227

CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

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SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

   Snake River Wood Floors

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

Name	Complete Address
Wade L Newkirk	460 N Locust Grove Rd Kuna 1058654

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

   ☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
   ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate
   ☐ Services ☒ Construction ☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

   460 N Locust Grove Rd

   Kuna ID 83634

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

   Signature: _____

   Printed Name: Wade L Newkirk

   Capacity: President
   (see instruction # 8 on back of form)

Revision 12/99

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