

## CERTIFICATE OF ASSUMED BUSINESS NAME

## Please type or print legibly.

CERTIFICATE OF  ASSUMED BUSINESS NAME  Pursuant to Section 53-504, Idaho Code, the undersigne submits for filing a certificate of Assumed Business Name  Please type or print legibly.  NOTE: See instructions on reverse before filing.	0 U CA
The assumed business name which the undersigned business is:      Merk's Custom tile	use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the enterpolar business under the assumed business name:  Name  Mack Ehceman 546	Complete Address
3. The general type of business transacted under the a  Retail Trade Transportation and Public Science Construction	
<ul> <li>☐ Wholesale Trade</li> <li>☐ Services</li> <li>☐ Agriculture</li> <li>☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  SHG ANA ACE  TWIN Falls TD  83301	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) 733-7836

g:kcorptforms\abn forms\abn.p65

Secretary of State use only

Signature: ///a/k Printed Name: \_\_\_\_/ Capacity: (see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

10/24/2001 05:00

CK: 1061 CT: 152783 BH: 426013
1 0 20.00 = 20.00 ASSUM NAME # 2

419319