



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 OCT 21 PM 4:34

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Carpet Magic

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

<u>Name</u>	<u>Complete Address</u>
<u>SHARON L JONES</u>	<u>10658 W GERONIMO CT</u> BOISE, ID 83709
<u>MARK C JONES</u>	<u>10658 W GERONIMO CT</u> BOISE ID 83709

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 type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

Carpet Magic
10658 W GERONIMO CT
BOISE ID 83709

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

Phone number (optional): _____

Signature: Sharon L Jones
(signature required)

Printed Name: SHARON L JONES

Capacity/Title: OWNER
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
10/21/2005 05:00
CK: 640748 CT: 172099 BH: 918347
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\compforms\abn forms\abn.p65 Revised 04/2003

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