

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Busines (Name 8 25 AM 10: 03

## Please type or print legibly. Instructions are included on back of application

Northwest Tile Works     The true name(s) and <u>business</u> add business under the assumed busin	dress(es) of the entity or individual(s) doing
Name Anthony Schmidt	Complete Address  835 Pine St. Potlatch, ID 83855
	033 Fille St. Foliatori, ID 03000
Retail Trade Trans	acted under the assumed business name is: portation and Public Utilities truction
Services Agrice  Manufacturing Mining Finance, Insurance, and Rea	g Submit Certificate of Assumed Business
The name and address to which fur correspondence should be address     P.O. Box 151	sed: 450 North 4th Street PO Box 83720
Potlatch, ID 83855	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ledgment
Signature: Ac Mit	Secretary of State use only
Printed Name: Anthony Schmidt	
Capacity/Title: Owner	IDAUG CECDETARY OF CTATE
Signature:	IDAHO SECRETARY OF STATE  92/25/2013 95:00  CK: 3259 CT: 279785 BH: 1361551
Printed Name:	1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	

D161258