

Capacity/Title: VILE PRES DENT

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before t	
The assumed business name which the under business is: BEARFOOT FLOORS	STATE OF STA
2. The true name(s) and business address(es) of business under the assumed business name: Name Name R. HEIMAN 73 Hemas L. HEIM2	the entity or individual(s) doing Complete Address I W. B. Herroot CT. NAMPAID 85686 SH JORDAN COURT MIDDLEW ID 856
3. The general type of business transacted under Retail Trade ☐ Transportation and Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Thomas L. Heinz Sogu Jordan Court MIODIETON ID 83644	
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 208-8674018
gnature:	Secretary of State use only
Printed Name: THOMAS L. HEINZ	

IDAHO SECRETARY OF STATE 09/06/2005 05:00 CK: 3679 CT: 191985 BH: 989862 1 8 25.88 = 25.88 ASSUM NAME # 2

D91308