## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 FEB - 1 PM 2: 24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse sorers		OIME OF ISPAIRS	
The assumed business name which the under business is:	ersigned	use(s) in the transaction of	
EC-TILE			
The true name(s) and <u>business</u> address(es) business under the assumed business name	of the ei	ntity or individual(s) doing <u>Complete Address</u>	
Name	202	_ ;	
EMIN DIZDAREVIC	<u> 1824 </u>	W. IRVING SI	
	<b>40015</b>	E, 1D 85704	
3. The general type of business transacted und	der the a	assumed business name is:	
Retail Trade Transportation	and Pul	NC Oundes	
Wholesale Trade Construction			
X Services Agriculture		Submit Certificate of	
Manufacturing Mining		Assumed Business Name and <b>\$25.00</b> fee to:	
Finance, Insurance, and Real Estate		Name and \$25.00 lee to.	
		Secretary of State	
4. The name and address to which future		700 West Jefferson	
correspondence should be addressed:		Basement West	
EMIN DIZDAREVIC		PO Box 83720	
98ZY W. IRVING ST.		Boise ID 83720-0080 208 334-2301	
3015E, 1D 83704		200 007-2001	
Name and address for this acknowledgme	ent	Phone number (optional):	
COPY is (if other than # 4 above):			
The same as #4			
- Commander of the comm		Secretary of State use only	
	n.p65		
Signature: Emin Dizdarevic	ms/ab		
(a)ginatal b (odas ob)	forms\abn forms\ Revised 04/2003	IDAHO SECRETARY OF STATE	
Printed Name: EMIN DIZDAREVIC	xms\a evisec	02/01/2006 05: CK: CASH CT: 158818 BH: 93	<b>5475</b>
Capacity/Title: OWNER	g.\corp\forms\abn forms\abn.p65 Revised 04/2003	1 8 25.00 = 25.00 ASSUM MA	ME #
(see instruction # 8 on back of form)	ö	<b>N</b> =	
(000		0 96075	