Capacity: Owner

(see instruction # 8 on back of form)

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	CERTIFICATE OF ASSUMED BUSINESS NAMECTIVE (Please type or print legibly. See instructions on reverse.)  To the SECRETARY OF STATE STATE OF IDAHO.		
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name: IDAHO			
1.	The assumed business name which the und business is:  FOLEY & SON TILE	J	e(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address		
	RICHARD FOLEY P	lo Box	
3.	The general type of business transacted und (mark only those that apply)	der the assu	med business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Final Min	
4.	. The name and address to which future Phone number (optional): (208) 682 - 4601 correspondence should be addressed:		
	P.O. Box 321		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	•	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		n 12/89	Secretary of State use only
Signati	ure: 11114	Revision 1289	IDAHO SECRETARY OF STATE  11/07/2000 09:00  CK: 1001 CT: 138182 BH: 359383
Printed	Name: RICHARD FOLEY	n.p85	1 9 20.00 = 20.00 ASSUM NAME # 2

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