CERTIFICATE OF		FILED EFFEC 07 AUG 13 AM 9: SECRETARY OF STATE OF ST
ASSUMED BUSINESS	NAME	OTAUG 12 SC
Pursuant to Section 53-504, Idaho Code, the	undersigned	SECRET AM 9:
submits for filing a certificate of Assumed Bus	siness Name	STATE OF OF
Please type or print legibly. NOTE: See instructions on reverse before	filina.	SECRETARY OF STA STATE OF IDAHO
		· · · · · · · · · · · · · · · · · · ·
1. The assumed business name which the under	ersigned us	se(s) in the transaction of
business is:	• •	· · ·
SewarokFloo	or Covering	(Seward's Floor Coven
D. The true name (a) and husiness address (or)	of the entit	
The true name(s) and business address(es) business under the assumed business name		y of malvidual(s) doing
Name		Complete Address
John R. Seward		5200 Shore Cove Dr.
		Post Falls, ID 83854
	······································	
3. The general type of business transacted und	and Public	Utilities
 Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 5200 Shore Cove Dr. Post Falls, ID 83854 5. Name and address for this acknowledgmer 		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 Phone number (optional):
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 5200 Shore Cove Dr. Post Falls, ID 83854		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 Phone number (optional): 208 262 - 6643
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