



# 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.**

**FILED/EFFECTIVE**

2002 MAY -2 AM 9:06

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Advanced Flooring

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Bob C. Clark

18945 Middleton Rd. Nampa ID, 83687

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

Advanced Flooring  
18945 Middleton Rd  
Nampa, ID 83687

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Bob Clark  
18945 M. Helton Rd  
Nampa, ID 83687

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-888-7800

Secretary of State use only

Signature: Bob Clark  
(signature required)

Printed Name: Bob CLARK

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\cpl\form\abn form\abn.pdf  
Revised 01/2001

IDAHO SECRETARY OF STATE  
05/02/2002 05:00  
CK: 5864 CT: 158010 BH: 463116  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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