Printed Name:

Capacity/Title:

(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.

09 FEB 27 AM 10: 27

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: 2 N CARpet (leaving 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 1115. Otive St. JAKNES 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and **\$25.00** fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Idaho Secretary of State 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 83686 5. Name and address for this acknowledgment CODY IS (If other than # 4 above): Secretary of State use only Signature:

IDAHO SECRETARY OF STATE 02/27/2009 05:00 CK: 286519 CT: 172099 BH: 1158959 1 8 25.00 = 25.00 ASSUM MANE # 2

D128677