



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 SEP -7 PM 12:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

True Wood Floors

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

True Wood Floors, LLC

W96187

2395 W. Bolivar Ave. CdA, ID 83815

Carrie M. Beals

P.O. Box 724 Hayden, ID 83835

John L. Beals, Jr.

P.O. Box 724 Hayden, ID 83835

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Carrie M. Beals

P.O. Box 724

Hayden, ID 83835

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

Signature: Carrie M. Beals

Printed Name: Carrie M. Beals

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/07/2010 05:00
CK: 12569 CT: 251024 BH: 1237061
1 @ 25.00 = 25.00 ASSUM NAME # 2

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