Printed Name: Chad s

Capacity/Title: Dwner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

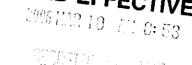
1 4

FILED EFFECTIVE

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.



The assumed business name which the under business is:  Rarefoot Tile and Rem	
The true name(s) and business address(es) of business under the assumed business name:  Name  Chad Robert Beeson	of the entity or individual(s) doing
	er the assumed business name is:
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
Chad Beeson  Grangeville ID, 83530	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):  Same as # 4	Phone number (optional):  208-983-1976
nature: Chad Rosson	Secretary of State use only

IDAHO SECRETARY OF STATE

93/19/2006 95:00

CK: 2050 CT: 158010 BH: 942359

1 9 25.00 = 25.00 ASSUM NAME # 2