



# 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

09 APR 23 AM 8:56

SECRETARY OF STATE  
STATE OF IDAHO

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

McCord's Floor Covering

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

Name

Clint McCord

Complete Address

185 E 18th St Idaho Falls, ID 83404

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 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	

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

Clint McCord

185 E 18th St

Idaho Falls, ID 83404

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

**Idaho Secretary of State**  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature

*Clint McCord*  
(signature required)

Printed Name: Clint McCord

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 6/2008

IDAHO SECRETARY OF STATE  
04/23/2009 05:00  
CR: 324627 CT: 150010 R/H: 1167341  
1 0 25.00 = 25.00 ASSUM NAME # 2

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