

Capacity/Title: //wner

(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.

08 NOV 24 AM 8: 28

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: Tile Reflections The true name(s) and business address(ss) of the s	ntity or individual(a) doing
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Trana R.Byrd Rodney L. Byrd Top E. 3. The general type of business transacted under the a	Complete Address 4th Ave Post Falls, ID 83874 17 Ave Post Falls, ID 83854
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tile Reflections/Tiana Byrd H02 E. 14th Ave Post Falls, ID 83854 5. Name and address for this acknowledgment copy is (if other than # 4 above):	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
	Secretary of State use only
ignature: (signature required) coates possible p	IDAHO SECRETARY OF STATE

11/24/2008 05:00 CK: NO CK # CT: 231684 BH: 1145631 1 @ 25.00 = 25.00 ASSUM NAME # 2

D126507