



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAY 20 AM 9:17

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:

Ed's Floor Coverings

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

Edward M. Sabia

2124 Stadium Blvd.

Twin Falls, ID. 83301

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Edward M. Sabia  
2124 Stadium Blvd.  
Twin Falls, ID. 83301

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

Edward M. Sabia  
2124 Stadium Blvd.  
Twin Falls ID 83301

Signature: [Signature]  
(signature required)

Printed Name: Edward M. SABIA

Capacity/Title: owner

(see instruction # 8 on back of form)

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

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/20/2010 05:00  
CK: 1884 CT: 246179 BH: 1223189  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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