

## 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 JAN -4 AN 9:36

SECUTION OF STATE STALE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the under business is:</li> </ol>	ersigned use(s) in the transaction of
Capital City Hardwood	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name  Name  Michael Smith	e: Complete Address
The general type of business transacted und	der the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture  Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Capitol City Hardwood  Litt N Pyrite Ave.  Kuna, ID 83634  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:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Signature: (Signature required)	Secretary of State use only  9d uggs to the secretary of State  1DAHO SECRETARY OF STATE  1 / 04 / 2005 05 = 00  CK: 1674/CASH CT: 158810 BH: 785876  1 9 25.86 = 25.86 ASSUM NAME # 3
Printed Name: Michael Smith	CK: 1674/CASH CT: 158010 BH: 785076
(see instruction # 8 on back of form)	αγ. α

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