CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 11116: 45

-	Assumed Business Name: 5 Philippines
 The assumed business name which the business is: 	undersigned use(s) in the transaction of
Wind Liver Homes	
The true name(s) and business address(business under the assumed business n Name	(es) of the entity or individual(s) doing name is/are: Complete Address
Com Whitted	3221 Creacent Run Dr. Borge ID 8310
3. The general type of business transacted	under the assumed business name is:
(mark only those that apply) Retail Trade Manufactur	
☐ Wholesale Trade ☐ Agriculture ☐ Services ☑ Constructio	Finance, Insurance, and Real Estat
The name and address to which future correspondence should be addressed:	Phone number (optional): (208) 433-0663
Same do above	Submit Certificate of Assumed Business Name and \$20.00 fee to:
-	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgm copy is (if other than # 4 above):	PO West Jenerson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE 11/26/1999 09:00
nature: / // / / / / / / / / / / / / / / / /	11/26/1999 09:00 CK: 1361 CT: 123423 BH: 269168
nted Name: Chy Uh. Hed	1 8 28.88 = 28.88 ASSUM NAME # 2
pacity: Ouser	31090
(see instruction # 8 on back of form)	