



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
03 JUN 20 AM 10:04
SECRETARY OF STATE
STATE OF IDAHO

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

I Do Windows

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

Lisa Eledge

2623 Smart St Nampa Id
83686

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:

I do Windows
2422 12th Ave #254
Nampa Id 83686

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):

208 409 9551

Subscribed and sworn to (and filed) before me this _____ day of _____, 2003

this 19th day of June at Nampa Idaho

Lisa Eledge

Terril L.C. Klander
Notary Public

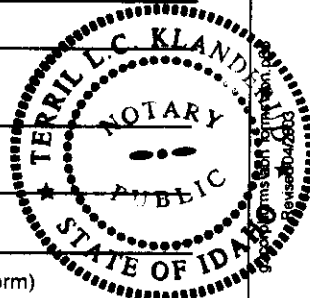
My Commission Expires on 11/13/07

Signature: Lisa Eledge (signature required)

Printed Name: Lisa Eledge

Capacity/Title: Owner

(see instruction # 8 on back of form)



Secretary of State use only

IDAHO SECRETARY OF STATE
06/20/2003 05:00
CK: 1497 CT: 158010 BH: 687020
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 46526