

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

2006 MAY -4 AM 8: 45

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Virtual Tour Guide	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing Complete Address 419 N. 14th Ave., Pocatello, 83201
3. The general type of business transacted under	
Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SteveWinden@msn.com or as above if mailed	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-232-0271
nted Name: Steven John Winden pacity/Title: Owner	Secretary of State use only Office State use only
nted Name: Steven John Winden pacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/04/2006 05:0 CK: 8631 CT: 158010 BH: 9529 1 0 25.00 = 25.00 ASSUM NAME