

Capacity/Title: OW her

(see instruction # 8 on back of form)

FILED EFFECTIVE **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 11 25 AM 9: 22

 The assumed business name which the undersign business is: 	ned use(s) in the transaction of
Winker Construction	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Michael Winker 1314	e entity or individual(s) doing Complete Address HIN 14th, Cocurd Alene 10 93814
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: MICHUCI WINKE 1314 N 14th Coeur A Ment 10 83814 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): (208) 664-9856
	Secretary of State use only
Signature: (signature required) Printed Name: Michael Winker Senseity/Title: Own har T	IDAHO SECRETARY OF STATE 96/25/2004 95:00 CK: NO NUMBER CT: 158010 BH: 752403 1 0 25.00 = 25.00 ASSUM NAME # 2

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