9/21/2012



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 JAN 16 AM 9:08

Please type or print legibly, instructions are included on back of application.

SECREGATION STATE

| 1. The assumed business name which the undersigned use(s) in the transaction of business is: Winder McCall Condo 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address John A Winder PO Box 2832, McCall, ID 83638 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PO Box 2832 McCall, ID 83638 509.592.0970 5. Name and address for this acknowledgment copy is (if other than # 4 above): Same as above Signature: Printed Name: John A. Winder Capacity/Title: Drinted Name: Capacity/Title: Capacity/Title: Capacity/Title: Capacity/Title: Capacity/Title: Capacity/Title: Capacity/Title: Capacity/Title: | | STATE OF IDAHO |
|---|--|---|
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| John A Winder Somplete Address | Winder McCall Condo | |
| Retail Trade | business under the assumed business <u>Name</u> | s name: <u>Complete Address</u> |
| Services | Retail Trade Transpor | tation and Public Utilities |
| correspondence should be addressed: PO Box 2832 McCall, ID 83638 509.592.0970 5. Name and address for this acknowledgment copy is (if other than # 4 above): Same as above Signature: Printed Name: John A. Winder Capacity/Title: Owner Signature: 1 Deno SECRETARY OF STATE ST | Services Agricultu Manufacturing Mining | Submit Certificate of Assumed Business |
| 509.592.0970 5. Name and address for this acknowledgment copy is (if other than # 4 above): Same as above Signature: Printed Name: John A. Winder Capacity/Title: Owner Signature: Printed Name: Printed Name: Printed Name: 1 DAHO SECRETARY OF STATE 91/16/2014 95:99 CX: 131 CT: 291797 BH: 1486212 1 P 25.00 = 25.00 ASSUM NAME 1 20 | correspondence should be addressed | 450 North 4th Street PO Box 83720 |
| Copy is (if other than # 4 above): Same as above Secretary of State use only Signature: Printed Name: John A. Winder Capacity/Title: Owner Signature: Printed Name: 1DAHO SECRETARY OF STATE 21/16/2014 05:00 CX: 131 CT: 291797 BH: 1496212 1 9: 25.00 ASSUM NAME 1 2 | | |
| Signature: | COPY IS (if other than # 4 above). | gment |
| Printed Name: John A. Winder Capacity/Title: Owner Signature: | Signature: 10 & W. L | Secretary of State use only |
| Capacity/Title: Owner Signature: | | |
| Signature: IDAHO SECRETARY OF STATE | • | - |
| Printed Name: 1 25.00 = 25.00 ASSUM NAME N 2 | · · · · · · · · · · · · · · · · · · · | |
| One of the Cityles | | CX 131 CT 291707 PM 1484212 |
| | Capacity/Title: | |