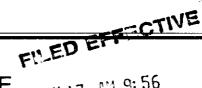


CERTIFICATE OF ASSUMED BUSINESS NAM



ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned JAN 17 AM 9: 56 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the undersigned use(s) in the transaction of business is: WESTWIND HOME FURNISHINGS 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 WESTWIND HOMES, INC. 1950 TAMARACK LOOP, TWIN FALLS, ID 83301 C157356 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities ✓ Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West 900 ADDISON AVE. W. PO Box 83720 Boise ID 83720-0080 TWIN FALLS, ID 83301 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). 208-732-5710 Secretary of State use only

Signature: (signature required)

Printed Name: KELLY L. GATES

Capacity/Title: VICE PRESIDENT

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

01/18/2006 05:00

CK: 1832 CT: 158010 BH: 932549

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