



# 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.

2006 FEB 16 AM 9:46

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Window World of the Inland Northwest

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
<u>Window World of Spokane, LLC</u>	<u>3848 Schreiber Way, Cda, ID</u>
<u>W 46745</u>	<u>527 E Cloverleaf Dr.</u>
	<u>Hayden, ID 83835</u>
	<u>until 4/1/06</u>

83815  
after  
4/1/06

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 checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

4. The name and address to which future correspondence should be addressed:

Lisa Gwathmey Vice President  
527 E Cloverleaf Dr.  
Hayden, ID 83835

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-762-8343

Secretary of State use only

Signature:

Lisa Gwathmey  
(signature required)

Printed Name:

Lisa Gwathmey

Capacity/Title:

Vice President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
02/16/2006 05:00  
CK: 5760 CT: 188529 BH: 938068  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 96606