

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

05 APR 14 PM 1: 11

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECREIZATE OF STATE STATE OF IDAHO

Artistic Textures) of the entity or individual(a) dains
The true name(s) and <u>business</u> address(es business under the assumed business nam	
Name	Complete Address
TROS P. Winch	257 PORK PLACE WAY
Troy p. Winch	Middleton TD 83644
	der the account of business name is:
The general type of business transacted ur	ider the assumed business name is:
	and Public Utilities
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TROY D. WINCH 257 Park Place Way Middlefon ID. 83444	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Middleton ID. 83444	
Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):
	208-585-3172
	Secretary of State use only
	990 rugersumoj udersumoj u
gnature: Un D-Wurd (signature required)	IDAHO SECRETARY OF STATE 94/14/2005 05: CK: 645 CT: 158010 BH: 804

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25.00 ASSUM NAME # 2