



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 NOV 20 PM 12:31

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 COVERINGS FOR LESS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<p>Name <u>LARRY M COLLINS</u></p>	<p>Complete Address <u>5346 N. STANLEY CREEK AVE</u> <u>MERIDIAN, ID 83646</u></p>
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3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input 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 | |

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

LARRY COLLINS
5346 N STANLEY CREEK AVE
MERIDIAN, ID 83646

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

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

Phone number (optional):

208 891-2626

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\assn\form\assn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
11/20/2006 05:00
CK: 1100 CT: 150010 BH: 1014656
1 @ 25.00 = 25.00 ASSUM NAME # 2

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