



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 MAY 20 AM 9:16

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
STATE OF IDAHO

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

DHW ENTERPRISES

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
DAN WARDEN	808 NW 2ND STREET, FRUITLAND, ID 83619
HEIDI WARDEN	808 NW 2ND STREET, FRUITLAND, ID 83619

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:

HEIDI WARDEN

808 NW 2ND STREET

FRUITLAND, ID 83619

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):

208-452-6226

Signature: Heidi Warden

(signature required)

Printed Name: HEIDI WARDEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

9-1 corpforms101-066
Revised 04/2003

IDaho SECRETARY OF STATE
05/20/2004 05:00
CK: 1467 CT: 150010 BH: 746171
1 P 25.00 = 25.00 ASSUM NAME # 2

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