## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE STATE OF IDAHO

business is:	ch the undersigned use(s) in the transaction of
$i \cup i \cup$	
WIN-Deck	Services
business under the assumed business	ddress(es) of the entity or individual(s) doing ness name is/are:  Complete Address Po.Box 231 Flaho C. Fy ID ¥3631
The general type of business trans     (mark only those that apply)	sacted under the assumed business name is:
Wholesale Trade Agric	ufacturing
4. The name and address to which fu correspondence should be address	sed:
P.O. Box 231 Folaho City ID 836.	Submit Certificate of
Idaho City ID 836.	Assumed Business Name and \$20.00 fee to:
	Secretary of State
5. Name and address for this acknow	700 West Jefferson
CODY IS (if other than # 4 above):	PO Box 83720
	Boise ID 83720-0080 208 334-2301
	16/64/1999 89:00
Their Bo	\$\frac{8}{5}  \text{10/04/1999 09:00}  \text{CX: 2489 CT: 121274 BH: 255822}
Signature: Tony Bowa R  Printed Name: Tony Bowa R	1 0 20.00 = 20.00 ASSUM WANE # 2
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(see instruction # 8 on back of form)