

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.

2002 MAY 22 AM 8: 41

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

1. The assumed business name which the	STATE OF IDAHO undersigned use(s) in the transaction of
business is:	- #
Swan Fa	Falls Web Services
The true name(s) and <u>business</u> address(business under the assumed business na	
<u>Name</u>	Complete Address
Peter J Winowitch	382 W White, Kuna, ID 83634
3. The general type of business transacted	
	ation and Public Utilities
Wholesale Trade Constructi	
Services Agriculture	e Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Est	tate Name and \$20.00 fee to:
	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
Peter J Winowitch	PO Box 83720
382 W White	Boise ID 83720-0080
	
Kuna ID 83634	
5. Name and address for this acknowledge	gment Phone number (optional):
COPY IS (if other than # 4 above):	208-922-3440
	Secretary of State use only
	— gd.
ignature: WCC	IDAHO SECRETARY OF STATE
(signature required)	Revised 01/2001
inted Name: Peter J Winowitch	Oomst
apacity/Title: Owner	IDAHO SECRETARY OF STATE
(see instruction #8 on back of form)	95/22/2002 05:

UK: 3887 CT: 158010 BH: 467275 1 0 20.00 = 20.00 ASSUM NAME # 2

D55157