



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO **01 MAY -9 AM 8:54**
Pursuant to Section 53-504, Idaho Code, the undersigned _____ SECRETARY OF STATE
gives notice of adoption of an Assumed Business Name to the SECRETARY OF IDAHO

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

IDAHO WINS

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

<u>Name</u>	<u>Complete Address</u>
<u>KAREN SANDER</u>	<u>321 HILLVIEW DR</u>
<u>LORENE OATES</u>	<u>Boise ID 83712</u>
	<u>Same address</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

KAREN SANDER
321 HILLVIEW DR
BOISE ID 83712

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

LORENE OATES
321 HILLVIEW DR
BOISE ID 83712

Signature: Karen Sander

Printed Name: KAREN SANDER

Capacity: OWNER
(see instruction # 8 on back of form)

FILED/EFFECTIVE
MAY 10 AM 9:55
STATE OF IDAHO

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

05/10/2001 09:00
CX: 2024 CT: 109147 DN: 396352
1 @ 20.00 = 20.00 ASSUM NAME # 2

D45212