(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE

ASSUMED BUSINESS NAME

2006 FEB -8 AH 9: 25

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

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Please type or print legibly.

NOTE: See instructions on reverse before fill	ing.
1. The assumed business name which the undersite business is: Whis pering Pines Swin	re
2. The true name(s) and business address(es) of the business under the assumed business name: Name Arry Evertnee 176	Complete Address
The general type of business transacted under the Retail Trade Transportation and	
 Wholesale Trade □ Services □ Manufacturing □ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: SAA	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): 258-549-2589
SIA	Secretary of State use only
Signature Xay E (Marting) Printed Name: Arry E Vartner Capacity/Title:	IDAHO SECRETARY OF STATE 10