



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 OCT 31 AM 8:36

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

FOUR WINDS TRADING

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

<p><u>Name</u> <u>GOLDE (CAROL) WALLINGFORD</u></p>	<p><u>Complete Address</u> <u>HOLB BOX 360 (HOME)</u> <u>CLAYTON, ID 83227</u></p>
<p><u>BUSINESS ADDRESS</u> <u>380 FIRST AVE. N.</u> <u>KETCHUM, ID. 83340</u></p>	

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

GOLDE WALLINGFORD
HOLB BOX 360
CLAYTON, ID 83227

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

Signature: Golde Wallingford

Printed Name: GOLDE WALLINGFORD

Capacity/Title: OWNER

Signature: Golde Wallingford

Printed Name: GOLDE WALLINGFORD

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/31/2011 05:00
CK: 756 CT: 158010 BH: 1296229
1 @ 25.00 = 25.00 ASSUM NAME # 2

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