

Printed Name:

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

07 FEB 23 PM 2: 47

SECHLISTATE STATE OF DAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the ubusiness is: TDAHO WIN	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(abusiness under the assumed business name Name Arlin M. Hayes	
3. The general type of business transacted Retail Trade Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Retail Trade Mining Mining Finance, Insurance, and Real Estate Correspondence should be addressed: Record F. Onio Ave	on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowledge copy is (if other than # 4 above):	Phone number (optional): Secretary of State use only