FILED EFFECTIVE



Signature: _

Printed Name: /

Capacity/Title: () Whe I

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 JAN 11 AM 9: 15

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

SECRETARY OF STAT STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Bald Mountan Shutters & Shudes	
2. The true name(s) and business address(est business under the assumed business name Name Robin V 5 i 5 i Am	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Box 516 I+n ley Idaho 83336	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): 208-768-4769
	Secretary of State use only

IDAHO SECRETARY OF STATE

01/11/2006 05:00

CK: 2266 CT: 158010 BH: 931422

0 25.00 = 25.00 ASSUM NAME # 2

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