CERTIFICATE OF **ASSUMED BUSINESS NAME**

2013 JAN -8 AM 8 55

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

SECRETARY OF 5 ATE STATE OF IDAH

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

Dancing with the Wind	
2. The true name(s) and <u>business</u> address	
business under the assumed business r Name	name: <u>Complete Address</u>
Paul Saviez	PO 495 Calistoga, CA 94515
Toni Saviez	PO 495 Calistoga, CA 94515
The general type of business transacted	tunder the assumed husiness name is:
	tion and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	I I
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta	
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 450 North 4th Street
Paul Saviez	PO Box 83720
86 Cook Gulch RD	Boise ID 83720-0080
Horseshoe Bend, ID 83629	208 334-2301
5. Name and address for this acknowledge	ment
COPY is (if other than # 4 above):	
	_
(163)	_ Secretary of State use only
ignature:	_
rinted Name: Paul Saviez	_
apacity/Title: Owner	
ignature:	_
rinted Name:	IDAHO SECRETARY OF STATE
Capacity/Title:	O1/08/2013 05:00 CK: 1429 CT: 277994 BH: 135483

CK: 1429 CT: 277994 BH: 1354838 1 0 25.00 = 25.00 ASSUM NAME # 2