## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the understand 44 9: 02

gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
DESERT WINDS C	REATIONS
The true name(s) and business address(     business under the assumed business na     Name	es) of the entity or individual(s) doing
SHIRLEY M. Fuchs MARK A. FucHs	PO BOX23 #IPERSHALL, MURPHYID.
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade  Manufactu  Molesale Trade  Services  Construction	Finance, Insurance, and Real Estate  Mining
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Phone number (optional): 495-2505
DESERT WINDS CREATIO	Submit Certificate of Assumed Business
PO BOX 23	Name and \$20.00 fee to:
<ul><li>MuRPHY ID 83650</li><li>5. Name and address for this acknowledge copy is (if other than # 4 above):</li></ul>	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
11.1 mit	Revision 1/98
Signature: Kuley M. Tucks	- IDAHO SECRETARY OF STATE
Printed Name: Shirleym. Fuc H5	-   %
Capacity: OWNER (PROPRIETOR) (see instruction #8 on back of form)	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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