## FILED EFFECTIVE

227	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAME, 17 PM 2:58 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO	
<ol> <li>The assumed business name which the un business is:</li> <li><u>WEST WIND CENTER</u></li> </ol>	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business nam Name <u>KENNETH W. KINZEL</u>	a) of the entity or individual(s) doing he: Complete Address <del>SENT 205 CALDWELL BUBLUARD</del> <u>NAMPA, ID</u>
<ul> <li>3. The general type of business transacted un</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li><u>KENKGTH W. KINZEL</u></li> <li><u>15 97 WHITELAW WAY</u></li> <li><u>MERIDIAN, ID 83696</u></li> <li>5. Name and address for this acknowledgmet copy is (if other than #4 above):</li> </ul>	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature: <u>Xenter W. KINZEL</u> Printed Name: <u>KENNETH W. KINZEL</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	Secretary of State use only           IDAHO SECRETARY OF STATE           IDAHO SECRETARY OF STATE           OF STATE