



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

OCT 18 AM 8:58
SECRETARY OF STATE
STATE OF IDAHO

NOT EFFECTIVE

- The assumed business name which the undersigned use(s) in the transaction of business is:

Wolves Den

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>Mike Nichols</u>	<u>1110 Nixon Ave. Idaho Falls ID 83404</u>
<u>Collette Nichols</u>	<u>1110 Nixon Ave. Idaho Falls ID 83404</u>

- The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

- The name and address to which future correspondence should be addressed: Phone number (optional): _____

Mike Nichols
1110 Nixon Ave.
Idaho Falls ID 83404

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

- Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Mike Nichols

Printed Name: Mike Nichols

Capacity: Owner/Manager

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only
IDAHO SECRETARY OF STATE

10/18/2000 09:00
CK: 1482 CT: 137371 BH: 355313

1 @ 20.00 = 20.00 ASSUM NAME # 2

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