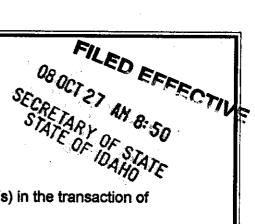


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Wolf	odge Creations
The true name(s) and business address business under the assumed business r Name Pamela June Slaton	Complete Address P.O. Box 1 Cataldo, Idaho 83810
	tion and Public Utilities
✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate. 4. The name and address to which future correspondence should be addressed: Pamela J. Slaton; Wolflodge Creations P.O. Box 1 Cataldo, Idaho 83810	Submit Certificate of Assumed Business
5. Name and address for this acknowledg copy is (# other than # 4 above):	ment
	Secretary of State use only
gnature: Pamula function inted Name: Pamela June Slaton apacity/Title: Owner (see instruction # 8 on back of form)	D 1 2583 1 IDAHO SECRETARY OF STATE 10/27/2008 05: CK: 1159 CT: 230892 BH: 11