

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7883 MAR i 3 AM 9: 17

Please type or print legibly.

D43417

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
The assumed business name which the undersigned use(s) in the transaction of	
business is: Wolf Exite	RORISE
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address KEVIN M. KIWEIN 1605 Each F Storm MASORW I Daho 83843	
3. The general type of business transacted under the assumed business name is:	
Retail Trade	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
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	208-882-1912
Signature: Signature: Signature required) Frinted Name: KENIA M. KILWEIN Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 103/13/2003 05:00 102.000 = 20.00 ASSUM NAME # 20.00 = 20.00 ASSUM NAME # 20.00 = 20.00 ASSUM NAME # 20.00 ASSUM ASS