



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2005 JUN 15 10 15

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

Wolfe Creek Assisted Living Communities

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Mike Wolfe</u>	<u>798 N. Cygnus Place, Star ID 836109</u>
<u>Melissa Wolfe</u>	<u>798 N. Cygnus Place, Star ID 836109</u>
<u>Trista Moore-Wolfe</u>	<u>2087 S. Tollgate Way Boise ID 83709</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

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

4. The name and address to which future correspondence should be addressed:

Melissa Wolfe  
798 N. Cygnus Place  
Star ID 836109

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

Trista Moore-Wolfe  
2087 S. Tollgate Way  
Boise ID 83709

Phone number (optional):

208-286-9829

Signature:

Melissa Wolfe  
(signature required)

Printed Name:

Melissa Wolfe

Capacity/Title:

general partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
**07/14/2005 05:00**  
 CK: 6888 CT: 158818 BH: 821896  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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