

(see instruction #8 on back of form)

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 SEP 24 2 20 PH TO CTIVE

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Please type or print legibly. NOTE: See instructions on reverse before filing.

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1. The assumed business name which the undersigne business is: TIMber creek But	
2. The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name Devin J Wolfe 7519 Name	ntity or individual(s) doing Complete Address Baymeadows dr 10 83687
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: // Samc	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 copy is (if other than # 4 above):	Phone number (optional): $208 - S71 - 2401$
	Secretary of State use only
Signature: <u>DCVIN J WOIF</u> Printed Name: <u>DCVIN J WOIF</u> Capacity: <u>Pros/don + lowner</u>	IDANO SECRETARY OF STATE @9/24/2001 @5 = 00 CK: CRSH CT: 151652 BH: 420759 1 0 20.00 = 20.00 ASSUM NAME 8 2

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