

## **CERTIFICATE OF** Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Rusiness No.

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

STATE SHOULD STAN OHAD LIFE ARZ

1. The assumed business name which the under business is:  WOLFF DESIGNS	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  CARA MEINKE	
3. The general type of business transacted und  Retail Trade	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
Signature: (signature required)  Printed Name: CARA MEINKE  Capacity/Title: CHRE, DESIGNER  (see instruction # 8 on back of form)	Secretary of State use only  99d up 1000 possons  1DAHO SECRETARY OF STATE  08/01/2005 05:00  CK: 1030 CT: 158010 BH: 824345  1 6 25.00 = 25.00 ASSUM NAME # 2