Capacity:

Owner/Consultant

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

bι	ne assumed busin usiness is:	iess nam	e which the	e undersigne	ed use(s)) in the	transaction	iof .
_		Wolf	Canyon	Enterpri	ises			
2. Tř bu —	ne true name(s) and usiness under the Na Robert M.	assumed ame	ess address I business	name is/are	: <u>Comple</u>	ete Add Seasc	r <mark>ess</mark> ons Road	
	ne general type of						3858	
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	e name and addre	ess to wh		on 🗍	Mining		ance, and	Real E
— 4. Th	Services	ess to whould be ac Enterp	Construction		Mining mber (opt Su As Na	ional): bmit Ce sumed E ime and	rtificate of Business \$20.00 fee	Real E
4. Th cor	Services e name and addresses respondence sho Wolf Canyon PO Box 645	ess to whould be accepted as 8385	Construction of the future ddressed: rises	on 🗍	Mining mber (opt Su As Na Se 70 Ba PC Bo	bomit Ce sumed E ime and cretary (0 West a sement) Box 83	rtificate of Business \$20.00 fee of State lefferson West 720 8720-0080	Real E

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