

Signature:

Printed Name: ALBERT J WOLFF

(see instruction # 8 on back of form)

Capacity/Title: OWNER

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The mondottons on reverse per	fore filing.
 The assumed business name which the ur business is: 	
BERTS HANG IT A	7 <u>L</u> L
. The true name(s) and business address(es business under the assumed business named business na	s) of the entity or individual(s) doing me:
ALBERT J WOLFF SANDRAK WOLFF	Complete Address 6993 OAK 5T
SANDRAK WOLFF	BONNERS FERRY ID 83805
	PHONE 267 2043
Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: ALBER T WOLFF	Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
6993 OAK ST. BONNERS FERRY IP 83805	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above).	nt Phone number (optional): [208 267 2043

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IDAHO SECRETARY OF STATE 97/29/2004 95:00 CK: 1 CT: 158018 BH: 758049 1 0 25.00 = 25.00 ASSUM NAME # 2