



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

2011 NOV 21 PM 1:04

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Broadway Vintage

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>Michael Templeman</u>	<u>8604 Northview St. Boise ID 83704</u>
<u>Joel Wolfe</u>	<u>232 Young Ave Nampa, Id 83651</u>
<u>Rebecca Wolfe</u>	<u>" " "</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Broadway Vintage
1524 S. Broadway Ave
Boise, ID 83706

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Joel Wolfe

Printed Name: Joel Wolfe

Capacity/Title: Owner

Signature: Michael Templeman

Printed Name: Michael Templeman

Capacity/Title: Owner

IDAHO SECRETARY OF STATE
11/21/2011 05:00
CK: CASH CT: 196500 BH: 1298938
1 @ 25.00 = 25.00 ASSUM NAME # 2

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