



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2012 JAN 27 PM 1:34

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:

Wolfman Fever

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>Joshua Kangior</u>	<u>1821 w. State st.</u>
<u>Jeremy Kangior</u>	<u>1821 W. State St</u>
	<u>Boise, ID, 83702</u>

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

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

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

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

1821 w. State st.
Boise, ID 83702

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

Signature: *Jeremy Kangior*

Printed Name: Jeremy Kangior

Capacity/Title: Partner

Signature: *Joshua Kangior*

Printed Name: Joshua Kangior

Capacity/Title: partner

Secretary of State use only

IDAHO SECRETARY OF STATE
01/27/2012 05:00
CK: CASH CT: 150010 BH: 1300109
1 @ 25.00 = 25.00 ASSUM NAME # 2

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