



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED *5/1/2004*

04 APR 15 PM 2:46

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Wolfman P.M.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Jennifer L. COMER

*7700 Arlington DR. Nampa
ID 83687*

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	

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

*Jennifer Comer
7700 Arlington DR
Nampa ID 83687*

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

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

Phone number (optional):

Signature: *Jennifer Comer*

(signature required)

Printed Name: *Jennifer Comer*

Capacity/Title: *Owner*

(see instruction # 8 on back of form)

Secretary of State use only

04/15/2004 05:00
IDaho SECRETARY OF STATE
CK: CASH CT: 150010 BH: 739548
1 # 25.00 = 25.00 ASSUM NAME # 2