



# 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**

2002 MAY 17 AM 8:48

STATE OF IDAHO  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

Wolfe Concessions

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

Name

W. Perry Wolfe

Complete Address

1059 W 4th St, Weiser, ID 83672-1706

Lisa M. Wolfe

1059 W 4th St, Weiser, ID 83672-1706

- 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	

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Wolfe Concessions

Attn: Lisa Wolfe

1059 W 4th St, Weiser, ID 83672-1706

Phone number (optional):

208-229-5018

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

Signature:

*Lisa Wolfe*  
(signature required)

Printed Name:

Lisa M. Wolfe

Capacity/Title:

President

(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDaho SECRETARY OF STATE  
05/17/2002 05:00  
CK: 4934 CT: 156610 BH: 466359  
1 E 20.00 = 20.00 ASSUM NAME # 2

*DSS025*