



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

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:

WOLF SIGNS

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

Name (AMELIA)

CHRISTINE A. WOLF

Complete Address

702 WEST ANGUS COURT
POST FALLS IDAHO 83854

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:

WOLF SIGNS
702 W. ANGUS CT
POST FALLS ID 83854

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):

208-964-2745

Signature: Christine A. Wolf
(signature required)

Printed Name: CHRISTINE A. WOLF

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Form 53-504
Revised 02/2003

IDAHO SECRETARY OF STATE
02/19/2004 05:00
CK: 3449 CT: 158010 BH: 728267
1 @ 25.00 = 25.00 ASSUM NAME # 2

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