CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 2 05-70-70-70-70-70-70-70-70-70-70-70-70-70-	
The assumed business name which the undersigned use(s) in the transaction of business is:	
Wolf Crossing Nature S	studio -
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
James T. Fug as	piflodge Creek Rd. Covera
5 05	odge Creek Rd.
6 2	Cover d'Alene, Ida a
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
 The name and address to which future Phone number correspondence should be addressed: 	(optional):208-765-1779
70 N. Wolf Lodge Creek Rd Cover d'Alene 83814	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Wolf Crossing Nature Studio	208 334-2301
70.N. Worf Codge Creek Rd.	BAID SURFERNISH STATEY
Cover d'Alene, Idaho 83814 Signature: Paula Cross	07/01/1997 09:00 CK: 1810 CT: 83630 BH: 16949 1 8 28.80 = 28.80 ASSUM MAME
Printed Name: Paula Lyan Coas Capacity: Owner (see instruction #8 on back of form)	
	D 6195