



# 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.

01 DEC -5 AM 9:36

Please type or print legibly.
NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Pioneer furniture

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

Name

Stanley J Rice

Complete Address

201 Montgomery St Idaho City  
Id 83631

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 type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" 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:

Pioneer furniture

Box 369

Idaho City Id 83631

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

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

Phone number (optional):

Signature: Stanley J. Rice

(signature required)

Printed Name: Stanley J. Rice

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Information form 53-504  
Revised 09/2002

12/05/2002 05:00  
CK: CASH CT: 158010 BH: 649592  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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