

CERTIFICATE OF ASSUMED BUSINESS NAME FILED/EFFECTIVE

(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.



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

Snake River Motorcycle Rentals

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

Name	Complete Address
<u>Bret Parker</u>	<u>27348 Hop Rd</u>
<u>Melinda Parker</u>	<u>Caldwell, ID 83607</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 459-7602

Bret or Melinda Parker
27348 Hop Rd
Caldwell, ID 83607

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

Signature: Melinda Parker

Printed Name: Melinda Parker

Capacity: _____

(see instruction # 8 on back of form)

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

Secretary of State use only
IDAHO SECRETARY OF STATE

12/26/2000 09:00
CX: 1918 CT: 139969 BH: 368688

1 @ 20.00 = 20.00 ASSUM NAME # 2

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