



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**

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

98 DEC 21 AM 10:13

SECRETARY OF STATE  
STATE OF IDAHO

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

CONTINENTAL VILLAGE

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

ROBERT L. FARBER

DRAWER V, MCCALL, IDAHO 83638

DEBJEN, INC., TIME MANAGER

50 SUMMIT AVE., WEISER, IDAHO 83672

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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input 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): 634 2101

ROBERT L. FARBER

DRAWER V

MCCALL, IDAHO 83638

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

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

Signature: Robert L. Farber

Printed Name: ROBERT L. FARBER

Capacity: PARTNER

(see instruction # 8 on back of form)

Revision 1/88

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Secretary of State use only  
IDAHO SECRETARY OF STATE

12/21/1998 09:00  
CK: 689 CT: 100416 BH: 171887

1 @ 20.00 = 20.00 ASSUM NAME # 2

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