



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

APR 12 AM 8:51

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 the business is:

FRUITLAND MINI STORAGE

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

<u>Name</u>	<u>Complete Address</u>
<u>JEFFREY L RICE</u>	<u>2135 N.E. 16th FRUITLAND</u>
<u>LOIS KATHLEEN RICE</u>	<u>2135 N.E. 16th FRUITLAND ID 83619</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): _____

JEFF RICE
2135 NE 16th
FRUITLAND ID 83619

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
IDAHo SECRETARY OF STATE

046418/2000 10:00 AM
CK: 1136 CT: 129698 BH: 386297

1 @ 20.00 = 20.00 ASSUM NAME # 2

34968

Signature: Jeffrey L Rice

Printed Name: Jeffrey L Rice

Capacity: OWNER

(see instruction # 8 on back of form)