



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

2003 JUL -7 PM 2: 14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Ein Tisch Inn

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

Name

Complete Address

Jane Rice (owner)

P.O. Box 202 Hagerman, ID 83332

Jacob Rice Jr. (owner)

P.O. Box 202 Hagerman, ID 83332

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

Ein Tisch Inn  
P.O. Box 202  
Hagerman, ID 83332

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

N/A

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(208) 837-9099

Signature: \_\_\_\_\_

Jane Rice  
(signature required)

Printed Name: \_\_\_\_\_

JANE RICE

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/08/2003 05:00  
CK: 1210 CT: 158010 BH: 689811  
1 @ 25.00 = 25.00 ASSUM NAME # 2

3:\corp\forms\abn\_form\abn.p65  
Revised 04/2003

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