



# 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.

2004 NOV 15 AM 9:42

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Moon Pond Ranch Events Center

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

Name

Stephen

Vincent

Fischer III

Complete Address

P.O. Box 175

Half Moon Bay, California

94019

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:

1114

Vanderdasson Road

Emmett, IDAHO 83617

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

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

P.O. Box 175

Half Moon Bay

Calif. 94019

Phone number (optional):

650 544-3721

Secretary of State use only

DS1918

IDAHO SECRETARY OF STATE  
11/15/2004 05:00  
CK: 4021 CT: 158010 BH: 776400  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Stephen V. Fischer III  
(signature required)

Printed Name: Stephen V. Fischer III

Capacity/Title: Owner

(see instruction # 8 on back of form)