



# CERTIFICATE OF ASSUMED BUSINESS NAME **FILED**

(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.

98 APR -7 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

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

Old Riverside Depot

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>James I Fisher</u>	<u>PO Box 26, Horseshoe Bend, ID 83629</u>
<u>Shari F. Fisher</u>	<u>Same</u>
<u>Roslynn K. McDonald</u>	<u>1209 Dundee Boise, ID 83706</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): \_\_\_\_\_

Old Riverside Depot  
PO Box 98  
Horseshoe Bend, ID 83629

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Shari F. Fisher

Printed Name: Shari F. Fisher

Capacity: Owner

(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  
IDAH SECRETARY OF STATE

04/07/1998 09:00  
CX: NO CX # CT: 97022 IN: 98012

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 1/93

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