



# 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.

05 FEB 17 AM 9:45

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:

North Fork Conservancy

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

Tamarack North, Inc. C155552 P.O. Box 877 Donnelly ID 83615  
Dee and Yoriko Fuhrman P.O. Box 877 Donnelly, ID 83615

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 type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Dee O. Fuhrman  
P.O. Box 877  
Donnelly, ID 83615

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

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

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):

208-325-8120  
Cell 208-315-1365

Secretary of State use only

Signature: Dee O. Fuhrman  
(signature required)

Printed Name: DEE O. FUHRMAN

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
02/17/2005 05:00  
CK: 1079 CT: 186233 BH: 793007  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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