

**FILED****CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)



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 business is:

NEW MOON RISING

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>
Nora C. Fairchild	28675 S. Fir Drive, St. Maries,
	ID 83861

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:

NEW MOON RISING

Nora Fairchild

28675 South Fir Drive

St. Maries, ID 83861

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

none

Signature: Nora Fairchild

Printed Name: Nora Fairchild

Capacity: Business 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

IDAHO SECRETARY OF STATE  
 Secretary of State Use Only

02/09/1998 09:00  
 CK: 4 CT: 93904 RH: 88273

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97

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