

# CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

APR 18 9 31 AM '97

1. The assumed business name which the undersigned uses in the transaction of business is:

PRICE ENTERPRISES

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

CHRISTOPHER PRICE

Complete Address

P.O. BOX 491 HORSESHOE BEND, ID

LAURA PRICE

P.O. BOX 491 HORSESHOE BEND, ID, 83629

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): (208) 793-2297

P.O. BOX 491

HORSESHOE BEND, ID

83629

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

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

IDAHO SECRETARY OF STATE

DATE 04/18/1997

0900 84291 2

CK #: 3684 CUST#: 76182

ASSUM NAME 1# 20.00= 20.00

# : D

Signature: Christopher Price

Printed Name: CHRISTOPHER PRICE

Capacity: GENERAL PARTNER

(see instruction # 8 on back of form)

Revision 2/87

g:\corpforms\abn.pmf