

# 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.

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

A NICE RIDE

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

RICHARD FISH  
JENNIFER FISH

429 BUCHANAN ST. TWIN FALLS, ID.

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional):

A NICE RIDE

P.O. Box 983

TWIN FALLS, ID. 83301

208-734-2852  
5202

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

SAME AS # 4

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

Signature: [Signature]

Printed Name: RICHARD FISH

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only  
FORM SECRETARY OF STATE

05/29/1998 09:00  
CK: 7888 CT: 99385 BH: 114995

1 @ 20.00 = 20.00 ASSUM NAME

D15409

Revision 2/97

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SECRETARY OF STATE  
STATE OF IDAHO

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