

# 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.

709 AM 9:53

1. The assumed business name which the undersigned desires to use in the State of Idaho is:

The Management Company

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

Falcon A. Price

207 Main / PO Box 355

Lori B. Price

Kelllogg, Id. 83837

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): (208) 786-1050

The Management Company

207 Main / PO Box 355

Kelllogg, Id. 83837

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

Same

Signature:

Lori B. Price

Printed Name:

Lori B. Price

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

IDAHO SECRETARY OF STATE

89/09/1997 09:00  
CK: 1613 CT: 86971 BH: 37294

1 @ 20.00 = 20.00 ASSUM NAME

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