

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.

FILED

98 DEC 24 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) is/are _____ of business is:

F-N-B PARTNERSHIP

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

James E. Bieri
Terence Q. Fitzpatrick

1862 Addison Ave. East, Twin Falls, ID 83301
P.O. Box 1024, Twin Falls, ID 83303-1024

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

4. The name and address to which future Phone number (optional): _____
correspondence should be addressed:

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

Signature: 
Printed Name: JAMES E. BIERI
Capacity: Partner

(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 STATE
208 334-2301
12/24/1998 09:00
CR: 4068 CT: 100614 MI: 173098

1 - 20.00 - 20.00 ASSUM NAME 1 2

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