



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

2004 MAY 10 P 2:27

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

4th ST. RV / TRUCK CENTER

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

Name

Complete Address

LISA Renee Ringer

2307 N. 4th ST Coeur D. Alene

IDAHO 83814

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

LISA Ringer

2307 N. 4th ST

COEUR D. ALENE IDAHO 83814

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

Phone number (optional):

208-818-2752

Signature

Lisa Ringer  
(signature required)

Printed Name:

LISA Ringer

Capacity/Title:

OWNER / OPERATOR

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\abn\_form\abn.pdf  
Revised 04/2003

D76171

IDAHO SECRETARY OF STATE  
05/10/2004 05:00  
CK: 566007657 CT: 156818 BH: 744248  
1 @ 25.00 = 25.00 ASSUM NAME # 2