

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Printed Name:

Signature:

## FILED EFFECTIVE

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  REFLECTING SMILES PHOTOGRAPHY						
	2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	TRACY JACOBSEN	4906 S MAVERICK WAY BOISE ID 83709					
	(Name)	(Address)		1,000		<u> </u>	
	(Name)	(Address)					
	(Name) (Address)						<del></del>
	(Name) (Address)						
3.	The general type of business transacted under the assumed business name is:						
	☐ Retail Trade ☐ Construction ☐ Transportation and Put						Hilitiaa
	☐ Wholesale Trade ☐ Agriculture				กรportatio ning	on and Public C	Juliues
		Manufacturin	ıg	=	•	urance, and Re	eal Estate
4.	Mailing address for future correspondence:			<ol> <li>Name and address for this acknowledgment copy is (if other than # 4).</li> </ol>			
	TRACY JACOBSEN						
	(Name) 4906 S MAVERICK WAY			(Name)			
	(Address)			(Address)			
	BOISE ID 83709	(State) (Zipcode)		/Cited		(State)	(Zinnada)
	(City)	(State) (Zipcode)		(City)		(State)	(Zipcode)
Pr	inted Name: TRACY JACO	BSEN			Secretary	of State use only	
Się	gnature: Mark d	/					
Printed Name:				10AHO SECRETARY OF STATE 08/10/2017 05:00			
Si	gnature:		CK:2898 CT:343946 BH:1597678 16 25.00 = 25.00 ASSUM NAME #2				

Rev. 08/2015

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