



# 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.**

2004 AUG -9 A 9:27  
STATE OF IDAHO

**FILED EFFECTIVE**

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

McMurria Photography

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

Name

David McMurria

Complete Address

1293 W Tumbler Dr Kuna, ID 83634

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

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

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

David McMurria

1293 W Tumbler Dr

Kuna, ID 83634

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

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

Phone number (optional):

208-922-4108

Secretary of State use only

Signature: David McMurria

(signature required)

Printed Name: \_\_\_\_\_

David McMurria

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

g:\corpforms\abn form\slabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/09/2004 05:00  
CK: 1007812 CT: 150010 BH: 759000  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D78978