

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

054 30121 44 8:45

Please type or print legibly. NOTE: See instructions on reverse before filing.

Composure Photography and Design  The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Meggan O'Neal Hayes	625 South 5th West
	Rexburg, ID 83440
The general type of business transacted un  Retail Trade Transportation	nder the assumed business name is: n and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Meggan Hayes	PO Box 83720
625 South 5th West	Boise ID 83720-0080
Rexburg, ID 83440	208 334-2301
. Name and address for this acknowledgme	ent Phone number (optional):
COPY is (if other than #4 above):	(208)403-3915
· •	
	Secretary of State use only
ature: 155-0 Hg-	IDAHO SECRETARY OF STATE  98 06/21/2007 95:0  CK: 1881 CT: 158816 BH: 18614
(signature required)	IDAHO SECRETARY OF STATE  25 26 26 21 2007 95 20  CK: 1881 CT: 158816 BH: 18614
ed Name: Meggan O Hayes	<b>8 06/21/2007 05:0</b>

1 0 25.00 = 25.00 ASSUM NAME # 2