



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
10 NOV -1 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Kzjo's studio

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

Kaysie Schreiner

P.O. Box 5960

Twin Falls, ID 83303

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

- Retail Trade Transportation and Public Utilities
- Wholesale Trade Construction
- Services Agriculture
- Manufacturing Mining
- Finance, Insurance, and Real Estate

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

Kzjo's studio
P.O. Box 5960
Twin Falls, ID 83303

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

Signature: [Handwritten Signature]

Printed Name: Kaysie Schreiner

Capacity/Title: Owner/Operator

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2010 05:00
CK: 2322 CT: 86808 BH: 1245540
1 @ 25.00 = 25.00 ASSUM NAME # 2

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