



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.

Instructions are included on back of application.

FILED EFFECTIVE

2012 SEP 20 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

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

Hill Photography 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

Jason Murphy

PO Box 219 Kuna, ID 83634

Amanda Murphy

PO Box 219 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 | |

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

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

Jason Murphy

PO Box 219

Kuna, ID 83634

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

Signature: _____

Printed Name: Jason Murphy

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/20/2012 05:00
CK: 4443 CT: 274460 BH: 1348554
1 @ 25.00 = 25.00 ASSUM NAME # 2

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