

Capacity/Title:

## 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.

2016 JAN 22 PM 4: 32

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:      Aussa Hazard Photography	
2. The true name(s) and <u>business</u> address(estable) business under the assumed business name  Name  Alpsa Hazard	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities  n  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Alusa Hazard Phytography  535 5. Huckleberry Ct  Kuna, ID 83634	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
Printed Name: Aussa Hazard  Dignature: Wher manager  Dignature: William Harard  Printed Name: Aussa Hazard	Secretary of State use only  IDAHO SECRETARY OF STATE  01/22/2016 05:00  CK:3542780 CT:172099 BH:15100  16 25.00 = 25.00 ASSUM NAME