

Capacity/Title:

(see instruction # 8 on back of form)

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.

108 AUG 11 AM 8:58

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
- Locial Images	inutuqiapiy
 The true name(s) and business address(es) of the business under the assumed business name: 	entity or individual(s) doing
Name	Complete Address
Angelia losamples 211	Carter Dr Saglo IO E3860
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction	ublic Utilities
☐ Agriculture	Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
all Carrer Dr	Boise ID 83720-0080
<u>50gle, 50 e3e60</u> 168 304 9599	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
	Secretary of State use only
Signature Organica (signature required)	
Printed Name: Anorlia W Samples	TRAIN OCCUPANT OF ATTE

IDAHO SECRETARY OF STATE

08/11/2008 05:00

CK: 11641648390 CT: 158010 BH: 1130975

1 @ 25.00 = 25.00 ASSUM NAME # 2

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