

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.

10 OCT 15 AM 9: 05

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

SECREMAY OF STATE

	STATE OF IDATIO
1. The assumed business name which the u	undersigned use(s) in the transaction of
business is:	
SHELLY JOHNSON STUDIO	
o man a substitution of the same of the sa	as \ as the antiby or individual(a) daing
The true name(s) and <u>business</u> address(e business under the assumed business na	es) of the entity or individual(s) doing
Name	Complete Address
SHELDON E. JOHNSON	4415 W. FREEMONT ST.
SHEPPON C. VIIINDER	BOISE, ID 83706
	85700
3. The general type of business transacted	under the assumed business name is:
_	ion and Public Utilities
Wholesale Trade Constructio	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
SHELDON JOHNSON	PO Box 83720 Boise ID 83720-0080
4415 W. FREEMONT ST.	208 334-2301
BOISE, ID 83706	
5. Name and address for this acknowledgm	nent
CODY IS (if other than # 4 above):	
	•
	Secretary of State use only
1 11 11 11	
Signature: of helen John	-
Printed Name: SHELDON JOHNSON	_
Capacity/Title: <u>6WNER</u>	IDAHO SECRETARY OF STATE
Signature:	
Printed Name:	1 8 25.00 = 25.00 ASSUM MAME # 2
Capacity/Title:	D142817
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