

## 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

2015 JUN 30 AM 8: 43

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the ubusiness is:  AMSears Photogram	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>Amanda M Sears</u>	
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services 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:  Amanda M Sears  1943 Panama St  Brish to 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Amanda M Sears Printed Name: Amanda M Sears Capacity/Title: Photographer Dwner Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE  06/30/2015 05:00  CK:205038557405 CT:158010 BH:14821  16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	_

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Capacity/Title: