

Capacity/Title: Owner

Printed Name:

Signature: _

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.

2015 APR*21 "PM 1:57 SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: Captured Moments by Karen 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Karen Lowerv 1335 E Peacock St, Meridian, Idaho 83642 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate 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 Karen Lowery PO Box 83720 Boise ID 83720-0080 1335 E Peacock St 208 334-2301 Meridian, Idaho 83642 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: Karen owew Printed Name: Karen Lowery

IDAHO SECRETARY OF STATE 04/21/2015 05:00

CK:8460 CT:158010 BH:1472031 1@ 25.00 = 25.00 ASSUM NAME #2

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