CERTIFICATE OF ASSUMED BUSINESS NAME

08 SEP -8 AM 9: 40

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE STATE OF IDAHO

43	Submits for ming a sort		STATE OF IDEA	- 1	
	Please type or print legibly.	G.	·	1	
	Please type or print region. NOTE: See instructions on reverse before filing	.		1	
	MOIE: Goo		transaction of	1	
	The assumed business name which the undersig	ned us	se(s) in the transaction of	1	
1	The assumed business name which the assumed business name which the		E.	1	
•••	business is:	ام	and DEGIAN -	ı	
	Malcon Photogr	CADY	10 aran Langer	1	
	business is: Maggie Malson Photogr	•	J ara	1	
2. The true name(s) and business address(es) of the entity or individual(s) doing and surplet the assumed business name:					
2	The true name(s) and business address(co) or the			1	
_	The true name(s) and business databases name: business under the assumed business name:		Complete Address		
	Name		- 120ad		
	Maggie Je, Malson 3	100 f	Elmore Road	į	
		2arn	na, 1083660		
	Joshua W. Malson	744 11			
	JUSTIAN VIII				
			Li veimona nama is:		
	3. The general type of business transacted under the assumed business name is:				
	3. The general type of business transdets a				
Transportation and Public Utilities					
	Construction	r			
			Submit Certificate of		
	Selvices ==	1	Assumed Business		
	Manufacturing Mining		Name and \$25.00 fee to:		
ŀ	Finance, Insurance, and Real Estate		Idaho Secretary of State		
	Finance, insurance, and reserve		450 N 4th Street		
l	4. The name and address to which future	ļ	PO Box 83720		
	4. The name and address to the correspondence should be addressed:		Boise ID 83720-0080		
1	correspondence should be		i l		
1	nagaria Malson		(208) 334-2301		
			1		
1	3100 Elmore Rd				
1	parma, 10 83660				
		t			
1	5. Name and address for this acknowledgmen	•			
\	copy is (if other than # 4 above).				
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			Secretary of State use only		
\\		}			
1		اس			
1			IDAHO SECRETARY OF STATE		
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- 11	Signature: Wagne go Malson	15 8	CK: 2318 CT: 158010 BH: 113493	8	
	Signature required to MAIKAIN	g-corptomistatin formstatin.p85	1 @ 25.80 = 25.80 ASSUM NAME	# C	
1	Printed Name: Maggic Jo Malson	\ § \$			
1	OU ha es c	18	1211711		
1	Capacity/Title: OWNEY	15	D124711		
1	(see instruction # 8 on back of form)	•	_		