

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Printed Name:

Signature:_____

2018 JUL 25 AM 8: 59

WE TO	Filing fee: \$25.00.	and any To Mil 0: 2	7
	·	SECRETARY OF STATE	IF
1. The assumed	business name which the undersig	gned use(s) in the transaction of business is	
-H011	u Grant Photo	sakaohu	
	3	21.7	
		s address(es) of those doing business under	·
the assumed	d business name (do not include the nam		a
Holly	Grant 835 Par	Aridge Dr Mountain Home	5 1 X
(Name)	(Address)	J	836°
(Name)	(Address)		
(rtaino)	(, (63,655)		
(Name)	(Address)		
(Name)	(Address)		
3 The general i	type of business transacted under th	he assumed husiness name is:	
Retail Tr		Transportation and Public Utilities	•
	ale Trade Agriculture	☐ Mining	
Services	Manufacturing	g Finance, Insurance, and Real Est	ate
·			
4. Mailing addre	ess for future correspondence:	5. Name and address for this acknowledge	nent
١ .		CODY IS (if other than # 4):	
Hallia	lavant		
(Name)	<u> </u>	(Name)	
835 P	artridge Dr		
(Address)	1/200 100 00/11/	(Address)	_
6 CONTROL	(State) (Zincode)	(City) (State) (Zip	code)
(-14)	(-1,0,	(-1-10)	,,
•	1611 (000)		
Printed Name:	AUTIN CHOKIL	Secretary of State use only	
Signature:	Y		
_		10AHO SECRETARY OF STATE 07/25/2018 05:00	
Printed Name:		CK:1119 CT:360939 BH:1655	337
Signature:		16 25.00 = 25.00 ASSUM NAM	

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