

Capacity/Title:\_

## **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

11 MAR 22 PM 3: 6

SECRETARY OF SILVE STATE OF IDAHO

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

business is:	
	Multi Classing Pictures
The true name(s) and <u>business</u> addedusiness under the assumed busin Name     William Joseph Johnson	dress(es) of the entity or individual(s) doing ness name:  Complete Address  986 W. Great Basin Dr.  Meridian, Idaho 83646
Retail Trade Trans Wholesale Trade Cons	sacted under the assumed business name is: sportation and Public Utilities struction culture Submit Certificate of
Finance, Insurance, and Rea  4. The name and address to which further correspondence should be address	Assumed Business  Name and \$25.00 fee to:  Uture Secretary of State
Will Johnson 986 W. Great Basin Dr. Meridian, Idaho 83646	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknow copy is (if other than # 4 above):	viedgment 
Δ	Secretary of State use only
inted Name: William Joseph Johnson  apacity/Title: Owner/ Operator	
gnature:inted Name:	IDANO SECRETARY OF STATE  03/22/2011 05:0  CK: CASH CT: 158810 RN: 1265

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