

## CERTIFICATE OF ASSUMED BUSINESS NAME

2012 MAR -8 AM 9: 33

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

SECRETARY OF STATE STATE OF IDAHO

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

Go	Girl Studio
The true name(s) and <u>business</u> address( business under the assumed business na <u>Name</u>	ame: Complete Address
Elizabeth Guerra	7643 Bridgeport Dr, Nampa ID 83687
Wholesale Trade Constructio	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business te Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
gnature: Elzabeth Muerro	Secretary of State use only
nted Name: Elizabeth Guerra	
pacity/Title: owner	-
nted Name:	IDAHO SECRETARY OF STATE
pacity/Title:	03/08/2012 05:00 CK: 1001 CT: 262897 BH: 1314053 1 0 25.00 = 25.00 ASSUM NAME N

abn.pmd Rev. 07/2010