

Capacity/Title: OWNER

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.

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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: Blue Sage Photography 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 Arthur S Knoepfel 1237 Heyburn Ave E Twin Falls Idaho Michele D Schuler 1237 Heyburn Ave E Twin Falls Idaho 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services 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 Blue Sage Photography PO Box 83720 Boise ID 83720-0080 1237 Heyburn Ave E 208 334-2301 Twin Falls Idaho 83301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: _____ Printed Name: Arthur S Knoepfel Capacity/Title: Owner IDAHO SECRETARY OF STATE Signature: 03/12/2014 05:00 CK: 90 CT: 294164 BH: 1414805 1 0 25.00 = 25.00 ASSUM NAME # 2 Printed Name: Michele D Schuler