



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

**FILED EFFECTIVE**

07 AUG 24 AM 11:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

HAMMOND PHOTOGRAPHY & DESIGN

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

SHAWN HAMMOND

Complete Address

P.O. BOX 1344 MERIDIAN ID. 83680

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

SHAWN HAMMOND  
P.O. BOX 1344  
MERIDIAN ID. 83680

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature:

(signature required)

Printed Name: Shawn Hammond

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Form 53-504  
Revised 10-95

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/24/2007 05:00  
CK: CASH CT: 158818 BH: 1072487  
1 0 25.00 = 25.00 ASSUM NAME # 2

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