

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC -8 AM 8:58

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

SECHELARY OF STATE STATE OF IDAHO

	Limeligh	nt 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	
	Katherine Jenkins	5103 Grover Street
		Boise, ID
		83705
4.	✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Katherine Jenkins 5103 Grover Street Boise, ID 83705	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent
_	ed Name: Katherine Jenkins	Secretary of State use only
Capa	city/Title: nwner	
	ture:	IDAHO SECRETARY OF STATE
	ed Name:	12/08/2011 05:00 CK: 1138 CT: 15810 RN: 1388792
	city/Title:	1 0 25.80 = 25.00 ASSUM NAME N

abn.pmd Rev. 07/2010 D15/795