



# CERTIFICATE OF ASSUMED BUSINESS NAME

# FILED EFFECTIVE

09 OCT - 7 AM 8: 19

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 filling.

SECRETARY OF STATE  
STATE OF IDAHO

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

First Impressions Photography

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

Name

Stacie L. Harvey

Complete Address

28098 Fox Lane, Wilder, Idaho 83676

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 |                          |                                     |

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

Stacie L. Harvey

28098 Fox Lane, Wilder, Idaho 83676

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: Stacie L. Harvey

(signature required)

Printed Name: Stacie L. Harvey

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 7/2009

Secretary of State use only

IDAHo SECRETARY OF STATE  
10/07/2009 05:00  
CH: 1208 CT: 150010 BH: 1190133  
10 25.00 = 25.00 ASSUM NAME # 21

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