

Capacity/Title: UNIVER

(see instruction # 8 on back of form)

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.

11 MAR 21 PM 12: 32

Please type or print legibly. NOTE: See instructions on reverse before filing.

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	SIA : UNIDABU
1. The assumed business name which the unde	rsigned use(s) in the transaction of
	studio Etlandmade Gallox
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name:	
Beverly D. Hembree 3	66 J St. Idaho Falls, TD83402
The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	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:	700 West Jefferson Basement West
Poledu D. Hembree	PO Box 83720
2667 St.	Boise ID 83720-0080
Idaho Falls, ID 83402	208 334-2301
Name and address for this acknowledgmen	t Phone number (optional):
CODY IS (if other than # 4 above):	
Some as above	
	Secretary of State use only
to the Henbree	IDAHO SECRETARY OF STATE O 3 / 22 / 2011 O 5 = 00
Signature: (signature repured)	LIDAHO SECRETARY OF STATE
Printed Name: Devery D. Hembree.	IDAHO SECRETARY OF STATE State
Capacity/Title: () When Artist	1 0 25.00 = 25.00 ASSUM NAME # 2