

Capacity/Title: Owner

Signature: \_\_\_

Printed Name: \_ Capacity/Title:

## 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.

2014 JAN -9 AM 9: 08

## <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

1. The assumed business name which the undersigned use(s) in the transaction of business is: reambiah 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 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 PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Printed Name: Chrishi

1)168001

IDAHO SECRETARY OF STATE Ø1/09/2014 Ø5:00 X: 1254 CT: 158010 BH: 1485250