

Printed Name:

Capacity/Title:\_

Elmer (Bud) Everest

OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** FILED EFFECTIVE

ASSUMED BUSINESS INCIVIL Pursuant to Section 53-504, Idaho Code, the undersigned 05 SEP 19 M 10: 12

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

2. The true name(s) and business address(es) of business under the assumed business name:  Name  Bud Everest	PHOTOGRAPHY  of the entity or individual(s) doing  Complete Address  16740 N Sussex Ln , Namps TD
Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Bud Everest  16740 N. SUSSEX LN  NAMPA, ID 83687	
i. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-850-7775  Secretary of State use only

IDAHO SECRETARY OF STATE
09/20/20/05 05:00
CK: 1000 CT: 158010 RH: 912486
1 2 25.00 = 25.00 ASSUM MARE # 2

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