

Capacity/Title: Owner

Capacity/Title:__

Signature:

Printed Name:

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.

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

2014 AUG -4 AM 9: 07

Instructions are included on back of application	
The assumed business name which the undersigned business is:	ed use(s) in the transaction of
Kevin Odette Photography	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Kevin Brent Odette 221 12t	Complete Address
Idaho F	alls, ID 83404
Retail Trade Transportation and Positive Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State
Kevin B. Odette	450 North 4th Street PO Box 83720
221 12th Street	Boise ID 83720-0080
Idaho Falls, ID 83404	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
ed Name: Kevin B. Odette	IDAHO SECRETARY OF STATE 08/04/2014 05:00

CK:3498 CT:158010 BH:1435791 1@ 25.00 = 25.00 ASSUM NAME #2

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abr.pmd Rev. 07/2010