

CERTIFICATE OF ASSUMED BUSINESS NAME

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 filing.

08 AUG 20 AM 8: 13

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign	ed use(s) in the transaction of
hucinace ic:	·
Makin' Memories Pho	otography
2. The true name(s) and business address(es) of the	
business under the assumed business name:	
Name .	Complete Address
ZIVULY Chaparro 3089	E. Lawton St. Pocatello, ID83201
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Po	ublic 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
	700 West Jefferson
correspondence should be addressed:	Basement West
309 91 Lawton Street	PO Box 83720
Porcetallo TD 93201	Boise ID 83720-0080
[VCW10110] #12 VOCU1	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	
33 5) 12 (4 34) 137 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	Secretary of State use only
100	
signature: Mull Manager 18 8	
Printed Name: 9. WILL 9. Chapar 10 Capacity/Title: DWN W	IDAHO SECRETARY OF STATE
Capacity/Title: DWN #	98/29/2998 95:99 08/29/2998 95:99
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM NAME #

D124214