

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 MAY -2 AM 10: 30

1.	The assumed business name which the undersigned use(s) in the transaction of STATE  Sunshine Haven Photography						
	Odnomio Flavori Filos	ography					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
	Gavin Budd	507	507 W. 22nd Ave, Post Falls, ID 83854				
	(Name)	,	(Address)				
	Christina Budd		507 W. 22nd Ave, Post Falls, ID 83854				
	(Name)	(Addre	·ss)				
	(Name)	(Addre	(Address)				
	(Name)	(Addre	ss)			<del></del>	
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Wholesale Trade		Construction Agriculture	<del></del>	nsportation and Public ning	Utilities	
	Services		Manufacturing	∫ ∐ Fin	ance, Insurance, and R	eal Estate	
4.	Mailing address for futu	ure correspo	ondence:		5. Name and address for this acknowledgment copy is (if other than #4):		
	Gavin Budd (Name) 507 W. 22nd Ave						
				(Name)		<del></del>	
	(Address)			(Address)		<del></del>	
	Post Falls (City)	(State)	8385 <b>4</b> (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Gavin Budd					Secretary of State use only	<del></del>	
Sic	inatura:			}			
Printed Name: Christina Budd				IDAHO SECRETARY OF STATE 05/02/2016 05:00 CK:5738 CT:158010 BH:1526295			
							Signature: (In the Budd
Pri	nted Name:		<del></del>		- <del> </del>		

Rev. 08/2015