

Capacity/Title: Owner

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 AUG 10 AM 9: 17

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

SECR BY OF STATE STATE OF IDAHO

Fokus Grap	ohics & Des	ign
The true name(s) and <u>business</u> address(es business under the assumed business nar <u>Name</u> Jason Mora	ne:	entity or individual(s) doing  Complete Address  Amber St., Boise, ID 83706
Kimberly Mora	1919 N. Amber St., Boise, ID 83706	
The general type of business transacted u  Retail Trade Transportation Wholesale Trade Construction Services Agriculture	n and Pul	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	)	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Jason Mora		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
1919 N. Amber St Boise, ID 83706		208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent	
ature:		Secretary of State use only
ed Name: Jason Mora		
city/Title: Owner		
ature:		IDAHO SECRETARY OF STATE 08/10/2011 05:01

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