

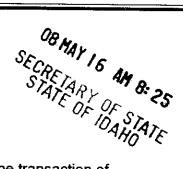
## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



4 76	1000
1. The assumed business name which the undersig business is: <u>Capture Your Dream</u>	
2. The true name(s) and business address(es) of th business under the assumed business name:  Name  **Slova Umu Carls: 83/***	Complete Address
3. The general type of business transacted under the	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  **Address**  **Addr	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: Glocia Ann Carlson (signature required)	Secretary of State use only
Printed Name: Gloria Ann Carlson	
Capacity/Title: ####	

IDAHO SECRETARY OF STATE

05/16/2008 05:00

CK: 9086714 CT: 158010 BH: 1115380
1 8 25.00 = 25.00 ASSUM NAME # 2