	CERTIFI	ICATE OF		FILED EFFE	CTIVE	
		USINESS N				
Pu Pu	suant to Section 53-5	04, Idaho Code, the un ate of Assumed Busine	dersigned	10 APR - 8 P	M 1:50	
	Please type or			SECRETARY OF	STATE	
1. The assur business i	ned business name s:	e which the undersi	gned use(s) in			
	······································	Stefani Marie Pho	tography		· · · · · ·	
2. The true n business u	ame(s) and busine Inder the assumed	ess address(es) of t business name:	he entity or inc	lividual(s) doing		
	Name		Comple	te Address		
Stephanie Marie Roper		er	1066 Clarene Street			
			Merid	Meridian, ID 83646		
 Reta Who Serv Manu Final 4. The name 	il Trade	ich future	Public Utilities Submit Assum Name a Idaho Se 450 N 44 PO Box	Certificate of ed Business and \$25.00 fee to: ecretary of State th Street 83720 83720-0080		
5. Name and copy is (if o	l address for this a ther than # 4 above):	cknowledgment				
			84	cretary of State use only		
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nature: 🗩			:		· · ·	
	Stephanie M. Ro	oper under some some some som		. I		
nted Name:						
nted Name: pacity/Title:	······································			IDAHO SECRET	ARY OF STATE	
pacity/Title:	······································			04/08/20	10 05 = 0 158818 BH: 1	