

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 NOV -5 PM 3: 55

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Emotion Portrait Design

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Jill Davidson

1090 Eric Court

Mtn. Home ID 83647

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| ☒ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Emotion Portrait Design
1090 Eric Court
Mtn. Home, ID 83647

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

Signature: Jill

(signature required)

Printed Name: Jill DavidsonCapacity/Title: Owner

(see instruction # 8 on back of form)

5/10/05 Provisional Certificate Fee
 Related DocID: 10000

IDAHO SECRETARY OF STATE
11/05/2007 05:00
CK: 1337741; CT: 172899 BH: 1003998
1 @ 25.00 = 25.00 ASSUM NAME # 2

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