

Signature:

Printed Name: \_\_\_ Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 MAR -7 AM 8: 45

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: Cimbalik Photography 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address <u>Name</u> Robert Cimbalik 12 E Prospectors Dr Cascade, ID 83611 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Mining Manufacturing **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Cimbalik Photography Boise ID 83720-0080 12 E Prospectors Dr 208 334-2301 Cascade, ID 83611 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature:\_\_\_ Printed Name: Robert Cimbalik Capacity/Title: Owner

abn.pmd Rev. 07/2010

1DAHO SECRETARY OF STATE

03/07/2012 05:00

CK: 289 CT: 267845 BH: 1313913
1 9 25.00 = 25.00 ASSUM NAME # 2

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