



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.

11 MAY -2 AM 9:18

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

White Sage Photography + Catering

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

<u>Name</u>	<u>Complete Address</u>
<u>Shawn Gust</u>	<u>2501 E. STERMAN AVE CNA ID</u>
<u>Ellie Irvin</u>	<u>3654 W. CALZADA Dr CNA ID</u>
	<u>83815</u>

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

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Shawn Gust
2501 E. STERMAN AVE #262
COEUR D'ALENE ID 83814

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

Signature: Ellie Irvin

Printed Name: Ellie Irvin

Capacity/Title: PARTNER

Signature: Shawn Gust

Printed Name: SHAWN GUST

Capacity/Title: PARTNER

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
05/02/2011 05:00
CK: NO CHECK # CT: 250343 DH: 1271764
1 @ 25.00 = 25.00 ASSUM NAME # 2

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