

CERTIFICATE OF ASSUMED BUSINESS NAME

11 MAY 16 AM 10: 01

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

SEGRE BY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

	Encounters Art Ga	allery	
The true name(s) and <u>business</u> ad business under the assumed busir	• •	e entity or individual(s) doing	
<u>Name</u>		Complete Address	
M. Victoria Mumford and Herbert W. Mu	mford 1060 E	P.O. Box 402	
7.	P.O. B		
	Stanle	Stanley, ID 83278	
Wholesale Trade Cons	portation and F truction culture	Public Utilities Submit Certificate of	
Finance, Insurance, and Rea	al Estate	Assumed Business Name and \$25.00 fee to:	
The name and address to which fur correspondence should be address		Secretary of State 450 North 4th Street	
Herbert W. Mumford	scu.	PO Box 83720	
P.O. Box 402		Boise ID 83720-0080	
Stanley, ID 83278		208 334-2301	
5. Name and address for this acknow copy is (if other than # 4 above):	viedgment		
		Secretary of State use only	
gnature: Lenbert W Munda	1711	10	
nted Name: Herbert W. Mumford III			
			
pacity/Title: Co-owner/Proprietor	_		
gnature: Vu that Could would	~0	IDAHO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE

15/17/2011 05:00

CK: 1899 CT: 258871 BH: 1273972

1 8 25.00 = 25.00 ASSUM NAME # 2

Printed Name: M. Victoria Mumford
Capacity/Title: Co-owner/Proprietor