

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.

Please type or print legibly.

11 JUN-6 PM 2:07

instructions are included on back of applic	•
The assumed business name which the under business is:	SECRED BY OF STATE rsigned use(s) in the transaction of IDAHO
<u> Green Gate Studio</u>	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Laurie Lehman-Welter (1)	
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Laurie Lehman-Wetter P.O. Box 267 Troy ID 83871-0267	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
CO · CA CUAGO	Secretary of State use only
Signature Juman- Miller	
Printed Name: Laurie Lehman-Welter	
Capacity/Title: owner operator	IDAHO SECRETARY OF STATE
Signature:	06/07/2011 05:06
Printed Name:	CK: 7644 CI: 138818 BR: 127178 1 8 25.88 = 25.88 ASSUM MANE # 2

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