

(see instruction # 8 on back of form)

## 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. HE HO 12 PM 2:59 STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE: See instructions of feverse before iming.	5.00 M
The assumed business name which the undersigned business is:  Beaux Studio	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  (hvistopher W. Beaux 2789  Kimberty A. Beaux Bon	Complete Address
3. The general type of business transacted under the  Retail Trade  Transportation and Pu	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  LIMBER A. BEBUX  5245 N. CVESWELL FIVE  RDISO T. 83713	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): 208-395-0300
	Secretary of State use only
Signature: WWW Slow Blow  Signature: Signature required Slow  Printed Name: KIMBERLY A. BEAUX  Capacity/Title: CO OW NPR  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE <b>92/12/2003 05:00</b> CK: 6261 CT: 158010 BH: 662549 1 0 20.00 = 20.00 ASSUM NAME #

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