

## **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. 12 AFR 17 PM 4: 27

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

SECRETARY OF STATE STATE OF IDAHO

business is: The No	otion Creative Labs
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	
Abigail Bradshaw	2730 S Linder Rd Meridian ID 83642
Love You All Kinds Studios, LLC	2730 S Linder Rd Meridian ID 83642
(W109956)	
	ed under the assumed business name is: ation and Public Utilities tion
Services Agricultur  Manufacturing Mining  Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
<ul> <li>The name and address to which future correspondence should be addressed: Abigail Bradshaw</li> </ul>	450 North 4th Street PO Box 83720
2730 S Linder Rd	Boise ID 83720-0080
Meridian, ID 83642	208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	gment
nature: Aby Brook	Secretary of State use only
nted Name: Abigail Bradshaw	<u> </u>
pacity/Title: Owner / Art Director	<u> </u>
nature:	
nted Name:	IDAHO SECRETARY OF CYATE
pacity/Title:	IDAHO SECRETARY OF STATE 04/17/2012 05:

abn.pmd Rev. 07/2010

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