

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.
Instructions are included on back of application.

SECRETY BY OF STATE

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2.	The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Nissa Henslee David Henslee	me: 2516 Park	entity or individual(s) doing Complete Address er Canyon Rd Ferry, ID 83805
3.	The general type of business transacted at Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Put	
4.	The name and address to which future correspondence should be addressed: Nissa Henslee 2516 Parker Canyon Rd Bonners Ferry, ID 83805		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	
Signa	ture: Wa Clustee		Secretary of State use only
Printe	d Name: Nissa Henslee		
Capa	city/Title: Owner		
	Signature:		IDAHO SECRETARY OF STATE 95/14/2012 95:00 CK: 6289 CT: 158818 BH: 1324119 1 8 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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