



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**  
2016 MAR -7 AM 10:59  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Benjamin Powell Galleries

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Benjamin Powell Photography 425 E. Tiger Ave. Post Falls ID 83854

(Name) (W 146013) LLC (Address)

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Benjamin Powell

(Name)

425 E. Tiger Ave.

(Address)

Post Falls, ID, 83854

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Benjamin R Powell

Signature: *Benjamin R Powell*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/07/2016 05:00

CK:1003 CT:304782 BH:1517218  
1@ 25.00 = 25.00 ASSUM NAME #2

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