

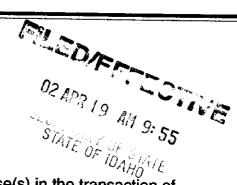
Capacity/Title: **OWNER** 

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.



The assumed business name which the und	offling.  STATE OF JOAHO
<ul> <li>The assumed business name which the under business is:</li> </ul>	ersigned use(s) in the transaction of
THE OXFORD STUDIO	
. The true name(s) and <u>business</u> address(es) of	of the entity or individual(s) doing
business under the assumed business name:	or warmada.(e) domig
Name	Complete Address
MONA OXFORD-LYMAN	
- The state of the	
	CALD WELL, IDAGO
	83607
The general type of business transacted und	or the commend bushings
The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
111 01	Basement West
14557 Stallowanka	PO Box 83720
Caldwell Idaho 83607	Boise ID 83720-0080
	208 334-2301
. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	(optional).
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	Secretary of State use only
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IDAHO SECRETARY OF STATE

04/19/2002 05:00

LK: 5223 CT: 158010 BH: 460393

1 8 20.00 = 20.00 ASSUM NAME # 2