

Printed Name: __ Capacity/Title: __

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. Instructions are included on back of application.

Click here to clear form.

10 DEC 16 AM 8: 26

SECRETARY OF STATE STATE OF IDAHO

	High Design Photography
The true name(s) and <u>busine</u> business under the assumed <u>Name</u> Heidi Dickhaut	ess address(es) of the entity or individual(s) doing I business name: <u>Complete Address</u> 785 Gloria St Chubbuck, ID 83202
Retail Trade Wholesale Trade	transacted under the assumed business name is: Transportation and Public Utilities Construction Agriculture
☐ Manufacturing ☐ ☐ Finance, Insurance, and	Mining Submit Certificate of Assumed Business of Name and \$25.00 fee to:
The name and address to who correspondence should be address. High Design Photography.	ddressed: 450 North 4th Street PO Box 83720
785 Gloria St Chubbuck, ID 83202	Boise ID 83720-0080 208 334-2301
5. Name and address for this ac copy is (if other than # 4 above):	cknowledgment
	Secretary of State use only
gnature: Aludi Dickhaut	
nted Name: Heidi DICKhawt	
pacity/Title: <u>owner operator</u>	<u>r</u>
ınature:	

IDANO SECRETARY OF STATE
12/16/2010 05:00
CK: CASH CT: 158018 BH: 1251167
1 8 25.00 = 25.00 ASSUM MANE # 2

