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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name SECRETARY OF STATE	
1. The assumed business name which the undersigned use (s) Firpthe transaction of business is: WIARS PHOTOGRAPHY	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Name	Complete Address
Carolyn WIARS	860 E. Finut Greek Meridian, Id 83642
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
 Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): <u>208 - 898 - 9030</u>	
wiars Photography	Submit Certificate of
860 E. Finch Creek	Assumed Business Name and \$20.00 fee to:
<u>Meridian</u> , <u>Iel</u> 83642 5. Name and address for this acknowledger copy is (if other than #4 above):	nent Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDANG SECRETARY OF STATE
Signature: Carolyn Wights Printed Name: CAROLYN WIGHTS Capacity: Owner (see instruction # 8 on back of form)	Identification Identif

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