



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 OCT 26 AM 9:10
SECRETARY OF STATE
STATE OF IDAHO

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

LITTLE RASCALS PORTRAITS

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):

DEAN AKRE PO BOX 1462 PRIEST RIVER, ID 83856
(Name) (Address)

SANDRA AKRE PO BOX 1462 PRIEST RIVER, ID 83856
(Name) (Address)

AKRE Logging LLC P.O. Box 1462 Priest River ID 83856
(Name) (Address)
(W154033)
(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:

SANDRA AKRE
(Name)
PO BOX 1462
(Address)
PRIEST RIVER ID 83856
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: DEAN AKRE

Signature: *Dean Akre*

Printed Name: SANDRA AKRE

Signature: *Sandra Akre*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/26/2016 05:00

CK: 4139 CT: 319038 BH: 1552500
1@ 25.00 = 25.00 ASSUM NAME #2

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