

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

08 AUG - I AM 8: 37

SECRETARY OF STAT STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

business is: N8IVE IM	AGE
<ol><li>The true name(s) and business address(es) of business under the assumed business name:</li></ol>	f the entity or individual(s) doing
Name	Complete Address
LESLIE LOUIE	PO BOX 492 WORLEY ID 83876
JACKSON LOUIE	PO BOX 492 WORLEY ID 83876
3. The general type of business transacted under	r the assumed business name is:
✓ Retail Trade ☐ Transportation an ✓ Wholesale Trade ☐ Construction	nd Public Utilities
<ul><li>☐ Services</li><li>☐ Agriculture</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  LESLIE LOUIE / N8IVE IMAGE	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
PO BOX 492	(208) 334-2301
WORLEY , ID 83876	,
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nature Ollie Signature required)  nted Name: Lesive D. Louie  pacity/Title: OWYEY	D123777
nted Name: Lesie D. Louie	IDAHO SECRETARY OF STATE
pacity/Title: OWYCX	98/01/2008 05: CK: 105 CT: 158010 BH: 11
(see instruction # 8 on back of form)	1 8 25.00 = 25.00 ASSUM N