

Signature:_

Printed Name: _(

Capacity/Title: ounce/pho

(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.

Click here to clear form.

10 FEB 18 AM 8: 44

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: CKG Photograph. 2. The true name(s) and business address	
business under the assumed business Name Carissa Gamley	Complete Address 3841 Morning Sky Ave. Mendian 110 83646
	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only

IDAHO SECRETARY OF STATE

IDAMO SECRETARY OF STATE

02/18/2010 05 # 90

CK: 58532878844 CT: 158618 BH: 1286541

1 8 25.88 = 25.88 ASSUM NAME # 2

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