

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idanio Code, the Constitution of Section 54-504, Idanio Code, the Constitution of Section 54-504, Idanio Code, the Code, Idanio Code, the Code, Idanio Code

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

1. The assumed business name which the ubusiness is:	
Martin T. Pope Ph	ctography
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>Martin T. Pope</u>	es) of the entity or individual(s) doing
3. The general type of business transacted u	under the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent Phone number (optional): 208-387-5050
	Secretary of State use only
nted Name: Markin Pope	IDAHO SECRETARY OF STATE OF CK: 1293 CT: 158910 BH: 683 1 2 25.00 = 25.00 ASSUM HAME