

CERTIFICATE OF ASSUMED BUSINESS NAME_{FILED} EFFECTIVE

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

10 MAY 10 AM 8:53

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

SECRETARY OF STATE

Lighted Jou	urney Photog	graphy	···	
	· · · · · · · · · · · · · · · · · · ·		entity or individual(s) doing Complete Address P.O.BOX 51163 IDAHO FALLS ID 83405	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Lighted Journey Photography	ion and Pu n	;		
P.O.BOX 51163 IDAHO FALLS ID 83405 5. Name and address for this acknowledge copy is (if other than # 4 above):	- ment]	
		Secretary of State use only		
Signature: Rus Suff Printed Name: Rick Scott Capacity/Title: owner (see instruction # 8 on back of form)	g'xcopyforms\abov forms\abov,p65 Revised.04/2003	IDAHO SECRETARY OF @5/10/2010 CK: 1685 CT: 158818 1 1 8 25.89 = 25.80 A	STATE 05:00 H: 1221417 SUN HAME N 2	

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