

Capacity:

(see instruction #8 on back of form

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECT

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name NOV 26 AH 8: 58

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

JIATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: HAWKLINE PHOTOGRAPHY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Blackwood 83404 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25,00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): 8298-522-676 Secretary of State use only g.\corp\forms\abn.p65 Revised 01/2001 Signature Printed Name:

IDAHO SECRETARY OF STATE 11/26/2003 05:00 CK: 1885 CT: 158818 BH: 713788 BH: 713788

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