227	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. Instructions are included on back of appli	undersigned II AUG II PM 2:44 siness Name.
 The assumed business name which the undersigned use(s) in the transaction of business is: <u>Syringa Motography</u> The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>Complete Address</u> <u>Lestie white Pineda</u> <u>1955 W Lake Pointe Ct</u> 	
3. The general type of business transacted und	Nampa, 10 83651
 4. The name and address to which future correspondence should be addressed: <u>Leslie white Pineda</u> <u>1955 W. Lave Pointe Ct</u> <u>Name and address for this acknowledgment</u> <u>copy is (if other than #4 above):</u> 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Leslie Pineda Printed Name: Leslie Pineda Capacity/Title:	Secretary of State use only
Signature: Printed Name: Capacity/Title: abn.pmd Rev.07/201	1000000000000000000000000000000000000