

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

03 SEP 19 PM 3:21

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

PHOTO GENIKS

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

ANDREA C. OLSON1412 SUNCREST DR.BOISE, ID83705

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

PHOTO GENIKSP.O. BOX 15944BOISE, ID 83715

5. Name and address for this acknowledgment copy is (if other than # 4 above):

ANDREA OLSON1912 SUNCRESTBOISE, ID 83705Phone number (optional):
_____Signature: Andrea Olson

(signature required)

Printed Name: ANDREA C. OLSONCapacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
09/19/2003 05:00
CK: 91932389012KAM CT: 172099 BH: 702650
1 @ 25.00 = 25.00 ASSUM NAME # 2

D69032