



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 APR 27 AM 8:51

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:

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2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Jane G. Post</u>	<u>2103 N. 19th St., Boise, ID 83702</u>
<u>John W. Post</u>	<u>same</u>

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 checked="" 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:

Pretty Good Photo
Jane G. Post
2103 N. 19th St.
Boise, ID 83702

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

Phone number (optional):

~~XXXXXXXXXX~~

Secretary of State use only

Signature: Jane G. Post
(signature required)

Printed Name: Jane G. Post

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
04/27/2005 05:00
 CK: 6316 CT: 158010 BH: 806959
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87173