



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 APR -2 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

Memories Captured

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

Jennifer Leavitt

4928 Pleasant View Drive Chubbuck ID 83202

Tiffany Cook

467C Pheasant Ridge Drive Chubbuck ID 83202

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

- | | |
|--|--|
| <input 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 | |

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

Jennifer Leavitt

4928 Pleasant view drive

Chubbuck ID 83202

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

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: JENNIFER LEAVITT

Capacity/Title: CEO

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\formation\forms\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
04/03/2007 05:00
CX: 1281 CT: 211699 BH: 1044412
1 @ 25.00 = 25.00 ASSUM NAME # 2

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