

Signature: Und Kon

(see instruction #8 on back of form)

Printed Name: <u>Undu</u>

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

JUL 24 | 47 PM '01

|    | Please type or print legibly. NOTE: See instructions on reverse before filin  | SECREDAND ATĒ<br>g. STATE (D. 11200)   |
|----|---|--|
| 1. | The assumed business name which the undersig business is:  Kowitz Photography   |  |
| 2. | The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Lindy  Low tz.   | entity or individual(s) doing  Complete Address  2930 Easton Ave Bore, Tal 85700                                 |
| 3. | The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate |  |
|    | The name and address to which future correspondence should be addressed:  Kowitz Photography  2930 Easton Ave  Bosc Td 83704  | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
| 5. | Name and address for this acknowledgment copy is (if other than # 4 above):   | Phone number (optional):   |
|    | - J   | Secretary of State use only  |

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IDANO SECRETARY OF STATE **67/25/2001 65:00** CK: 1721 CT: 149282 BH: 489569 **8 20.88 = 28.88** ASSUM NAME # 2

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