

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.



Schazel Photography		
2. The true name(s) and business address		entity or individual(s) doing
business under the assumed business r Name	name:	Complete Address
Sarah Hazel	61 S	Shadow Cove Ln, Cocolalla, ID 83813
The general type of business transacted	— ——— d under the a	assumed business name is:
	ation and Pul	
✓ Retail Trade Transporta ✓ Wholesale Trade Construct		DIC Othines
Services Agricultur		O tracit On difference of
		Submit Certificate of Assumed Business
		Name and \$25.00 fee to:
Finance, Insurance, and Real Est	ate	
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson Basement West
Schazel Photography c/o Sarah Hazel		PO Box 83720
61 Shadow Cove Ln		Boise ID 83720-0080
Cocolalla, ID 83813		208 334-2301
		Dhana aurahar (astroni)
5. Name and address for this acknowled	gment	Phone number (optional):
COPy is (if other than # 4 above).		208 290-4706
		Secretary of State use only
		
	96.6	
ignature: Sarah Haze C	go	10 X 2 1°
(signature required)	abn fo	
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apacity/Title: Owner/Photographer		11/24/2004 05
(see instruction # 8 on back of form)	- X	CK: 1115 CT: 158010