



# 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**

01 APR -4 AM 9:08

STATE OF IDAHO

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

Campbell Photography

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

Brady M. Campbell

404 E. 4th Apt. B Post Falls

ID 83854

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:

404 E. 4th Apt. B  
Post Falls, ID 83854

Submit Certificate of  
Assumed Business  
Name and \$20.00 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):

Brady M. Campbell  
404 E. 4th Apt. B  
Post Falls, ID 83854

Phone number (optional):

Signature: Brady Campbell

Printed Name: Brady M. Campbell

Capacity: Brady M. Campbell, owner

(see instruction # 8 on back of form)

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Secretary of State use only  
IDAHO SECRETARY OF STATE

04/04/2001 09:00  
CK: 1259 CT: 144565 BH: 309019

1 @ 20.00 = 20.00 ASSUM NAME # 2

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