

Capacity/Title: Owne

(see instruction # 8 on back of forms)

FILED EFFECTIVE

CERTIFICATE OF OT SEP 25 PM 12: 40

Pursuant to Section 53-504, Idaho Code, the under organic submits for filing a certificate of Assumed Business Name OF OF STATE

1. The assumed business name which the unbusiness is: Charles Ivacy Pho	dography.
2. The true name(s) and business address(es business under the assumed business name Name Chaules D. Hoffman Tracy J. Hoffman	s) of the entity or individual(s) doing ne: Complete Address Sueech Owl Diw Kung, TD 83634
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Cherles D. Haffman 299. E. Scheech Owl Driv Kuna, 20 83634	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent
	Secretary of State use only
Signature: (Signature restate) Printed Name: Chavles D Hoffman	D112_321

IDAHO SECRETARY OF STATE

99/25/2007 05:00

CK: 6720 CT: 217929 BH: 1077382

1 8 25.00 = 25.00 ASSUM NAME # 2