

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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.

Please type or print legibly. NOTE: See instructions on reverse before filing.

 The assumed business name which business is: 	the undersigned use(s) in the transaction of
Precision Pho	stography
The true name(s) and business addedusiness under the assumed busine Name	Complete Address
Abby Leisy	911 Singing hills dy Post Falls, 1d 83854
3. The general type of business transa	cted under the assumed business name is:
Wholesale Trade Construction Services Agricut Manufacturing Mining Finance, Insurance, and Real The name and address to which future correspondence should be addressed. Sill Singling hills dy PONT FAILS, IA 93454 5. Name and address for this acknown	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
COPY IS (if other than # 4 above).	
Signature: Alor Aboy Lessy	Secretary of State use only Secretary of State use only Secretary of State use only

CK: 1156 CT: 156010 BH: 813258 1 0 25.00 = 25.00 ASSUM MANE # 2

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