

CERTIFICATE OF ASSUMED BUSINESS NAME

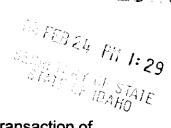
FILED EFFECTIVE

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.

(see instruction # 8 on back of form)



 The assumed business name which the business is: 	undersigned use(s) in the transaction of
Image Alvertising	
2. The true name(s) and <u>business</u> address business under the assumed business r Name Chal Evans Rachel Evans	s(es) of the entity or individual(s) doing name: <u>Complete Address</u>
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledg copy is (if other than # 4 above).	ment Phone number (optional):
	Secretary of State use only
Signature:	Source S
Printed Name: Chad Evans	Upday
Capacity/Title: (e) owner	CK: CASH CT: 158610 BH: 729103
(and instruction 4.0 back of 6.	