

Printed Name: ___ Capacity/Title: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 DEC 22 AM 8: 55

Please type or print legibly. Instructions are included on back of application.

SECRETRY OF STATE STATE OF IDAHO

| The assumed business name which the undersign business is: Paty P's Photo | |
|--|---|
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Patricia E Pardue 3. The general type of business transacted under the | Complete Address 233-Hillcrest Rd. Lewiston, ID 83901 |
| Retail Trade | |
| Signature: | Secretary of State use only IDANO SECRETARY OF STATE |

bn.pmd Rev. 07/2010

12/22/2010 05:00 CK: 6399 CT: 158819 BH: 1252889 1 0 25.00 = 25.00 ASSUM NAME # 2

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