**CERTIFICATE OF ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned UK DEC 3 | PM 1: 28 submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

STATE OF IDAHO

Please type or print legibly.

The assumed business name which the undersigned use(s) in the transaction of business is:	
Capitol Phot	TogRAPhy
. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  Troy Maken Photography	of the entity or individual(s) doing : Complete Address
	der the assumed business name is:
<ul> <li>Wholesale Trade</li> <li>Construction</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
BoisE, ID 83702	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt Phone number (optional):  (208) 344-4509
	Secretary of State use only
nature: Ind Maken	IDANO SECRETARY OF STATE  12/31/2002 05 = 0  CK: 3112 CT: 158018 BH: 6546  1 0 20.00 = 20.00 ASSIM MARK
nted Name: Troy Maben	IDAHO SECRETARY OF STATE  12/31/2002 05:0  CK: 3112 CT: 158818 RH: 6544
pacity/Title: CWNER  (see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM MANE