

Printed Name: CH

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.

2005 JAN 14 PM 2: 35

SECKETARY OF LATE STATE OF IDAHO

The assumed business name which the undersignation business is:	
THREE RIVERS 7	hotography
The true name(s) and business address(es) of the business under the assumed business name: Name	Complete Address
CHRISTOPHER BALMER	935 peggys (N. IDAho Falls, ID 839
CHRISTOPHER BALMER 193	935 peggys (N. IDAho Falls, ID 839 5 peggys (N. IDAho Fulls, ID 83402
	7 33
The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
	Basement West
CHRISTOPHER BALMER	PO Box 83720
1935 Peggys W.	Boise ID 83720-0080 208 334-2301
IDALO FAILS, ID 83402	200 007-2001
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	208-528-2855
	Secretary of State use only

IDAHO SECRETARY OF STATE
01/14/2005 05:00
CK: 2789 CT: 158010 BH: 787467
1 8 25.00 = 25.00 ASSUM NAME # 2

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