

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

05 NOV 18 PM 12: 29

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

(see instruction # 8 on back of form)

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1	UMHO
 The assumed business name which the undersign business is: 	
Four Seasons Photograp	shy
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Michael D Thomete 33	entity or individual(s) doing Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction	
☐ Services☐ Agriculture☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-853-0745
	Secretary of State use only
Signature: Michael David Thomes Capacity/Title:	IDAHO SECRETARY OF STATE 11/18/2005 05:00 CK: CASH CT: 158910 RH. 092022
Capacity/Title:	CK: CASH CT: 158010 BH: 922973 1 8 25.00 = 25.00 ASSUM NAME # 2