



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2005 SEP 16 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

1st Exposure photography

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Bryce Mobley

17383 N. Chateau Ave
Nampa, Id 83687

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Same as above

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

467-7379
407-0126 cell

Secretary of State use only

Signature: Bryce Mobley
(signature required)

Printed Name: Bryce Mobley

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\abn form\abn.p65 Revised 04/2003

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IDAHO SECRETARY OF STATE
09/16/2005 05:00
CK: 997 CT: 150010 BH: 911996
1 @ 25.00 = 25.00 ASSUM NAME # 2