

Capacity/Title: DWNPM

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

09 SEP 30 AM 8: 14

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the unbusiness is:    Deri S   Hall of Fame	Photography
2. The true name(s) and business address(est business under the assumed business name  Name  Name	
	nder the assumed business name is: n and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  4830 Companies Pacadon, Pd 83204	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
gnature: (bignature required)	Secretary of State use only  500 Octobrong Control of State use only  100 Octobrong Control of State use only  100 Octobrong Control of State use only  100 Octobrong Control of State use only

1DAHO SECRETARY OF STATE
09/30/2009 05:00
CK: 843 CT: 158018 BH: 1189165
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