



# 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

08 JAN 14 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

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

Concepts Photography & Design

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

Name

Sara Friesen

Complete Address

P.O. Box 1692, Bonners Ferry, ID 83805-1692

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" 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 |                                                              |

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

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

Concepts Photography & Design

P.O. Box 1692

Bonners Ferry, ID 83805-1692

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

Secretary of State use only

Signature: Sara Friesen  
(signature required)

Printed Name: Sara Friesen

Capacity/Title: Owner

(see instruction # 8 on back of form)

If compliance with forms is not met, the Secretary of State may refuse to file this certificate. Revised 04/2003

IDAHO SECRETARY OF STATE  
01/15/2008 05:00  
CK: 248 CT: 221478 BH: 1094656  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D118226