7931 3 5 **6** 5

| CERTIFICATE OF ASSUMED BU<br>(Please type or print legibly. See instruction)   | ons on reverse.)  |
|--|---|
| To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF CENTRAL BUSINESS NAME. STATE OF CENTRAL BUSINESS NAME.   |   |
| The assumed business name which the und business is:  Notes Nool   | ersigned use(s) in the transaction of   |
| The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  |   |
| JACK: L. ROGA -955 F.A.  | SA-15B Building   |
| 83402 1  | F. TOMB 83402   |
| 3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  (mark only those that apply)   |   |
| Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction   | ☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining              |
| 4. The name and address to which future Photographic Photographics Photo | ione number (optional): 204)5269193 work  |
| Mook  Nook   | Submit Certificate of Assumed Business Name and \$20.00 fee to:                                   |
| 955 Ada IV. Idalo 83402  5. Name and address for this acknowledgment copy is (if other than #4 above).   | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0000 208 334-2301 |
|  | SHARE SECRETARY OF SHARE  |
| Signature: Such, Resh  | 10/22/1998 89:08<br>CX: 6634 C7: 105694 MH: 155367<br>1 0 29.00 = 29.00 ASSUM NAME # 2            |
| Printed Name: SACKI ROLA   | D 19254   |
| Capacity: OWNEr MANAGER (see instruction # 8 on back of form)  | D 19254   |