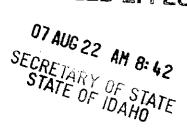
(see instruction # 8 on back of form)



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.



Shekinah F	Photography
The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address 1124 W Gunner St, Kuna, ID 83634 1124 W Gunner St, Kuna ID 83634
3. The general type of business transacted under the desired stransacted under the desired stransacted under the desired stransportation with the desired stransportation services and the desired stransportation services and the desired stransportation with the desired stransportation services and the desired stransport services and the desired stransportation services and the desired services and the desired services are desired services and the desired services and the desired services are desired services and desired services are desired services and desired services are desired services and desired serv	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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):	Secretary of State use only
gnature: Kathl L. Bown (signature required) inted Name: Kathleen Bowman apacity/Title: Owner	DAHO SECRETARY OF STATE GB/22/2007 G5: G CK: 323461 CT: 67188 BH: 1971 1 8 25.68 = 25.00 ASSUM NAME