## CERTIFICATE OF ASSUMED BUSIN (Please type or print legibly. See instructions on pay 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 1. The assumed business name which the undersigned use(s) in the transaction of business is: Today's Image 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Steve Andrus 1904 Addison Ave East Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Construction Mining Services 4. The name and address to which future Phone number (optional): 208-735-1250 correspondence should be addressed: Steve Andrus Submit Certificate of Assumed Business 1076 Lakewood Dr. Name and \$20.00 fee to: Twin Falls, ID 83301 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 D.L. Evans Bank 208 334-2301 Attn: Chelsey 222 Main Ave South IDANG SECRETARY OF STATE Twin Falls, ID 83301 03/22/2001 09:00 CK: %5364 CT: 24085 BH: 386423 1 @ 20.00 = 20.00 ASSUM NAME # 2 Signature: Printed Name: \_ D43187 Owner Capacity: (see instruction # 3 on back of form)