

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 JAN - 7 PM 1:12

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
- Photographique	
The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing
Name	Complete Address
Jessica Thon Ralph 1	255 N. Gogfield Ave.
	Pocatelb, ID
2 The garden (4)	\$3204
<ol><li>The general type of business transacted und</li></ol>	er the assumed business name is:
X Retail Trade Transportation a	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Cout's
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 700 West Jefferson
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Basement West
Jessica Thom Ralph	PO Box 83720
1255 N Garfield Are	Boise ID 83720-0080
Peratello, 1D 83207	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208: 220-1809
1	Secretary of State use only
1 11:	594
Signature:	$\sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i$
Printed Name: Jessica Thun-Ralph	sed outsing the season of the

IDAHO SECRETARY OF STATE

1/07/2008 05:00

CK: 2267 CT: 221196 BH: 1093249

25.00 = 25.00 ASSUM NAME # 2