

## **CERTIFICATE OF** Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name SECRETARY OF STATE STATE OF IDAHO ASSUMED BUSINESS NAME2007 AUG -2 AM 9: 02

NOTE: See instructions on reverse before filing

No. 2. See mad deficite on feverage be.	ore ining.	
The assumed business name which the up business is:	_	
Fish Eye Photo	GRAPHY	
The true name(s) and business address(e business under the assumed business names.		, , ,
Name Michelle FISH		Complete Address
MICHELLE LISH	HCRI	Box 396.3 Naples, ID
	****	
The general type of business transacted u	inder the as	ssumed business name is:
Retail Trade Transportation Wholesale Trade Construction		lic Utilities
Services Agriculture		Submit Certificate of
Manufacturing Mining		Assumed Business Name and <b>\$25.00</b> fee to:
Finance, Insurance, and Real Estate	€	
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	· .	Secretary of State 700 West Jefferson
	Dr _	Basement West
Michelle Fish aba FishE. HCRI Box 396.3	ie princip	PO Box 83720 Boise ID 83720-0080
HCRI Box 396.3 Nacles ID 83847	• • •	208 334-2301
5. Name and address for this acknowledgm	ient	Phone number (optional):
COPY IS (if other than # 4 above).		
		Secretary of State use only
	Maph p6	
Signature: (signature required)	g com/ferms/abn forms/abn p65 Revised 04/2003	
Printed Name: 'Hichelle Fish	formslabn form Revised 04/2003	IDANO SECRETARY OF STATE  98/02/2607 05:00
Capacity/Title: Sole PROPRIETOR	gicarpi	CK: 188 CT: 158010 BH: 1668675 1 @ 25.80 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)		D113864