

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.

10 SEP -8 AM 8: 20

Please type or print legibly. Instructions are included on back of application.

SECRED RY OF STATE

1. The assumed business name which the u	STATE OF IDAHO undersigned use(s) in the transaction of
business is: Deep Conyon Pl	hotography
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Nany D. Fuller	
3. The general type of business transacted of the second s	on and Public Utilities n Submit Certificate of
Finance, Insurance, and Real Estat 4. The name and address to which future	Assumed Business te Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: 12100 W. Occo Canyon Slar, TD 83449	450 North 4th Street
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signatura Namus Q A- 11	Secretary of State use only
Printed Name: Nancy D. Fuller Capacity/Title: Oruner	
Signature:	IDAHO SECRETARY OF STATE - 09/08/2010 05:00
Printed Name:	CK: 11928 CT: 158010 BH: 1238017 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	- 111918

abn.pmd Rev. 07/2010

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