

Capacity/Title: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 3 COT 17 Fit 9: 09

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

Please type or print legibly.

TE. See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

business is: Hymas Image	
2. The true name(s) and business address(es) of business under the assumed business name: Name (CII3031) Hymas Photography INC.	the entity or individual(s) doing Complete Address 3400 West 3200 North Moure ID 83255
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Hymas Image 415 Farusharth Way Rigby, ID 83442	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
gnature: (significute required) rinted Name: Evelyn Hymas	Secretary of State use only 8002790 1DAHO SECRETARY OF STATE

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10/17/2005 05:00
CK: 4356 CT: 193334 BH: 917312
1 0 25.00 = 25.00 ASSUM NAME # 2

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