

CERTIFICATE OF ASSUMED BUSINESS NAME

09 NOV -9 AM 9: 20

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

The assumed business name which the undersigned use(s) in the transaction of business is: Little Feet Photography	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Theri McKinnon L	he entity or individual(s) doing Complete Address P.D. Box 165 Dallace, To 83873
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Agriculture Manufacturing Mining Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Cheri Mckinnon P.O. Box 165 Wallace Tal 83873	
5. Name and address for this acknowledgment copy is (if other than # 4 above): AmericasWest Bank 80e Bank St. Wallaus Id 838 13	Secretary of State use only IDANO SECRETARY OF STATE
Capacity/Title: <u>Dwnur</u>	IDAHO SECRETARY OF STATE 11/09/2009 05 = 06 CK: 143332983 CT: 242871 BH: 119

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