

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Image Experience Photography

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Robert E. Springer

Name

Complete Address

2815 Top Flight Past Falls

Id. 83854

3. The general type of business transacted under the assumed business name is:

(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Robert E. Springer

2815 Top Flight

Past Falls Id. 83854

Phone number (optional): 208-777-2691

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Robert Springer

Printed Name: Robert Springer

Capacity: Image Experience Photography

(see instruction # 3 on back of form)

Revision 2/97

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IDaho SECRETARY OF STATE
03/06/2003 05:00
CK: 3387 CT: 150010 BH: 666816
1 E 20.00 = 20.00 ASSUM NAME # 2

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