Signature: Kent

Capacity/Title: OWNER

Printed Name: KEITH (SKIP) OLSEN

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME uant to Section 53-504, Idaho Code, the undersigned submile for filing a certificate of Assumed Business Name. ්රී Please type or print legibly. NOTEL See instructions on reverse before filing. The assumed business name which the undersigned use(s) in the transaction of Dusiness is: SKIP OLSEN PHOTOGRAPHY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name KEITH (SKIP) OLSEN P.O. BOX IIII PENNI OLSEN 3720 WALRUS 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SKIP OLSEN PHOTOGRAPHY P.O. BOX 1111 POST FALLS, ID 5. Name and address for this acknowledgment CODV is (if other than #4 above):

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

Complete Address

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

Phone number (optional):

208-773-2888

Secretary of State use only

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