Capacity: OWNER

(see instruction #8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED/EFFECTIVE

D 52186

submits for filing a certificate of Assumed Business Name 12 FEB 19 11 9: 40

Please type or print to " STATE OF IDAHO

NOTE: See instructions on reverse before filing.

The assumed business name which the undoposition business is:      Photo Craft	lersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  CLEGORY QUINN	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    GREGOK'1 QUINN   240 W. HAYDEN AUE   HAYDEN ID 83835	der the assumed business name is: and Public Utilities  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 acknowledgmen copy is (if other than #4 above):  GREGORY QUINN	nt Phone number (optional):
Signature: Capacity: AWER	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  D2/20/2002 05:00  CK: 3376 CT: 157503 BH: 447107  1 8 20.00 = 20.00 ASSUM NAME # 2