



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 APR 10 PM 1:01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**SECRETARY OF STATE
STATE OF IDAHO**

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

Elemental Images

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

Name

M. Shawn Carrier

Complete Address

3983 Minuteman Way

Boise, Idaho 83706

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

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

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

M. Shawn Carrier

3983 Minuteman Way

Boise, Idaho 83706

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

Phone number (optional):

208-409-4228

Secretary of State use only

198609

Signature:

(signature required)

Printed Name:

M. Shawn Carrier

Capacity/Title:

President / Owner

(see instruction # 8 on back of form)

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Revised 04/2008

IDAHO SECRETARY OF STATE
04/11/2006 05:00
CK: 3097 CT: 158010 BH: 948449
1 @ 25.00 = 25.00 ASSUM NAME # 2