



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

2014 AUG 29 PM 1:15

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Photographie by Michael

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

Name

Complete Address

Michael S. Haley

8281 W. Orbit Drive, Boise, ID 83709-7876

Cozette G. Walters

8281 W. Orbit Drive, Boise, ID 83709-7876

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Michael S. Haley

8281 W. Orbit Drive

Boise, ID 83709

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

Cozette G. Walters

8281 W. Orbit Drive

Boise, ID 83709

Signature:

Michael S. Haley 8-15-14

Printed Name: Michael S. Haley

Capacity/Title: Co-Owner

Signature:

Cozette G. Walters

Printed Name: Cozette G. Walters

Capacity/Title: Co-Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
08/29/2014 05:00

CK:2179960 CT:172099 BH:1439455
1@ 25.00 = 25.00 ASSUM NAME #3

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