



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

08 MAY 19 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

**LIVING MEMORIES PHOTOGRAPHY**

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

Name: **PAULINE M. FRANZ** Complete Address: **9465 DRIFTWOOD DR. COEUR D'ALENE, ID. 83814**

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

**PAULINE M. FRANZ**  
**SAME**

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: **Pauline M. Franz**  
(signature required)  
Printed Name: **PAULINE M. FRANZ**  
Capacity/Title: **OWNER**

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
05/19/2008 05:00  
CK: 11848988296 CT: 158010 BH: 1115625  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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