## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse FFE To the SECRETARY OF STATE, STATE OF IDAHO FILE 13 PM 2: Pursuant to Section 53-504, Idaho Code, the undersigned of state of adoption of an Assumed Burnel Bu 1. The assumed business name which the undersigned use(s) in the transaction of business is: PHOTOMOUNT MEMORY MATES 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name CARIS BROZDWSKI 1420 n. EAGLE CRIC WAY EAGLE 10 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Retail Trade Transportation and Public Utilities Finance, Insurance, and Real Es Wholesale Trade Agriculture Construction Mining Services Phone number (optional): 208 938 1633 4. The name and address to which future correspondence should be addressed: BROZOWSK Submit Certificate of **Assumed Business** EAGLE (RK WAY Name and \$20.00 fee to: Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANG SECRETARY OF STATE Signature: / CK: 1288 CT: 132322 BH: 325866 1 6 20.00 = 20.00 ASSUN NAME 4 2 Printed Name: ( Capacity: 36600 (see instruction # 8 on back of form)