CERTIFICATE OF ASSUMED BUSINESS NAME. Pursuant to Section 53-604. Idaho Code: the undersigned submits for filing a certificate of Assumed Business Name. Instructions are included on back of application. SEC: AF OF STATE STA		
Please type or print legibly. Instructions are included on back of application. SECF. W. OF STATE STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Interest of the entity or individual(s) doing business under the assumed business name: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address 1610 n summer rose st post fails id 83654 1610 n summer rose st post fails id 83654 3. The general type of business transacted under the assumed business name is: Submit Certificate of Agriculture Wholesale Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate Submit Certificate of Assumed Business 4. The name and address to which future correspondence should be addressed: Secretary of State 1610 n summer rose st post fails id 88554 Doise ID 83720-0080 208 334-2301 Secretary of State use only Signature: State use only Signature: Kahele In tote Capacity/Title: Off State use only Signature: State US TIBENE HI 18134.8	ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned	ed
business is: hazel eye photography 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Complete Address rahshel holte 1610 n summer rose st post falls id 83854	Please type or print legibly.	SECENTRY OF STATE
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Complete Address rahshel holte 1610 n summer rose st post falls id 83854	 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Lame Complete Address Complete Address rahshel holte 1610 n summer rose st post falls id 83854	hazel eye photography	/
rahshel holte 1610 n summer rose st post falls id 83854	business under the assumed business name:	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate Submit Certificate of Assumed Business Name and \$25.00 fee to: 4. The name and address to which future correspondence should be addressed: Secretary of State 1610 n summer rose st post falls id 83854 Boise ID 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Math Address Genetify fittle: Owner Signature: Sign		
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COpy is (if other than # 4 above):	 Retail Trade Transportation and Publ Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 1610 n summer rose st post falls id 83854 	ic Utilities 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
Signature:		
Printed Name: kahshel holte Capacity/Title: Owner 07/05/2011 05:00 Signature: CK: 3888	Signature: Autobalia	Secretary of State use only
Capacity/Title: owner IDAHO SECRETARY OF STATE 07/05/2011 05:00 Signature: CK: 3888 CT: 158818		
Signature: 07/05/2011 05:00 CK: 3888 CT: 158818 BH: 1281136		
1 @ 25.00 = 25.00 ASSUM NAME # 2		07/05/2011 05:00 CK: 3888 CT: 158818 BH: 1281136
Printed Name:	Printed Name:	
Capacity/Title: D148735		D148725