



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED BY [unclear]

2003 NOV 20 AM 8:54

CLERK OF STATE
STATE OF IDAHO

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

DALE CROCKETT Photography

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
<u>DALE CROCKETT</u>	<u>16213 N. BLACKCOMB DR</u>
<u>Marsha Crockett</u>	<u>Nampa, Idaho 83651</u>

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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

DALE CROCKETT
16213 N. BLACKCOMB DR.
NAMPA, Idaho 83651

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

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

- SAME -

Phone number (optional):

(208) 461-6116

Signature: [Signature]
(signature required)

Printed Name: DALE CROCKETT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

D70808

IDAHO SECRETARY OF STATE
11/20/2003 05:00
CK: 1085 CT: 158010 BH: 712668
1 @ 25.00 = 25.00 ASSUM NAME # 2