

Signature:

Printed Name

Capacity/Title:_

(see Instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2006 DEC 13 AM 9: 06

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

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: A MOMENT IN TIME PATRAIT STUDIO	
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 TO 83301	
Retail Trade	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208 73 1097 Secretary of State use only

IDAHO SECRETARY OF STATE
12/13/2006 05:00
CK: 2801 CT: 287442 BH: 1819419
1 8 25.88 = 25.88 ASSUM NAME # 2

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