



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

2007 JUN 12 AM 9:05

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:

Northwest Images

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

Name

Foster W. Cline, M.D.

Complete Address

P.O. Box 801

Ponderay ID 83852

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 |  |

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Northwest Images

P.O. Box 801

Ponderay ID 83852

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

Phone number (optional):

Secretary of State use only

Signature:

*Foster W. Cline* IMP

(signature required)

Printed Name:

Foster W. Cline, M.D.

Capacity/Title:

President

(see instruction # 8 on back of form)

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Revised 01/2001

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IDAHO SECRETARY OF STATE  
06/12/2002 05:00  
CK: 6746 CT: 158010 BH: 471236  
1 @ 20.00 = 20.00 ASSUM NAME # 2