



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	Complete Address
Foster W. Cline, M.D.	P.O. Box 801
	Ponderay ID 83852

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Phone number (optional):

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

Signature: *Foster W. Cline* (signature required)

Printed Name: Foster W. Cline, M.D.

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

D 555707

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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