



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

2005 MAR -4 AM 9:31

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:

Perpetual Imaging

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

T. ffany Lombardi

E 503 3rd St.

Post Falls ID 83854

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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 **\$25.00** 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:

Perpetual Imaging

E 503 3rd St.

Post Falls ID 83854

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

Bank of America Attn Lynn

PO Box 787

Post Falls ID 83817

Phone number (optional):

Secretary of State use only

Signature: Tiffany Lombardi
(signature required)

Printed Name: Tiffany Lombardi

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\com\forms\labn form\slabn p55
Revised 04/2003

IDAHO SECRETARY OF STATE
03/04/2005 05:00
CK: 1 CT: 150010 BH: 796668
1 @ 25.00 = 25.00 ASSUM NAME # 2

D85217