

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of  
adoption of an Assumed Business Name.

97 JUN 12 AM 9:13  
SECRETARY OF STATE  
OF IDAHO

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

OneMaster IMAGE STUDIO  
(one word)

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

Name

Address

STEVEN A. SCROGGINS 1620 SPRINGA, POST FALLS, ID  
83854

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

6, 7, 9

See categories on the reverse

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

OneMaster Image Studio  
1620 SPRINGA, Post Falls, ID 83854

Signed Steven A. Scroggins

By \_\_\_\_\_

Capacity President

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

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

DATE 06/12/1997  
0900 101468 2  
CX #: 1401 CUST# 82805  
ASSUM NAME 10 20.00= 20.00

Revision 10/96

CR/Completion PMG

#: D 5398