CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 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: (pimpressions ____ 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name Pichard A. Rodriguez 955 N. Neufeld Lane Patty E. Rodriguez Post Falls, ID 83854 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Assumed Business Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 IMPRESSIONS Boise ID 83720-0080 955 N. Noufeld Lane 208 334-2301 Post Falls, IP 83854 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). 208/640-3357 _____ Secretary of State use only corpliorms labn forms labn Signature: Revised 04/2003 IDAHO SECRETARY OF STAT Printed Name: Richard A. Koo Capacity/Title: Owner D88110 (see instruction #8 on back of form)