

CERTIFICATE OF AUTHORITY
OF

WHITE PINE ASSOCIATES, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of WHITE PINE ASSOCIATES, INC.

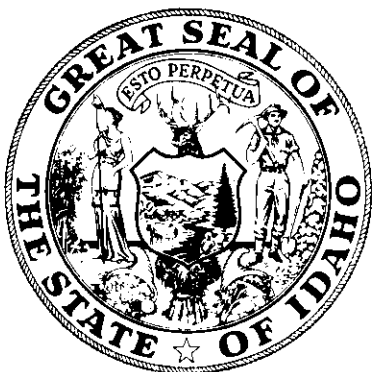
_____ for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to WHITE PINE ASSOCIATES, INC.

to transact business in this State under the name WHITE PINE ASSOCIATES, INC.

_____ and attach hereto a duplicate original of the Application for such Certificate.

Dated **September 16, 1985**



SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

1. The name of the corporation is White Pine Associates, Inc.

2. The name which it shall use in Idaho is White Pine Associates, Inc.

(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)

3. It is incorporated under the laws of Washington

4. The date of its incorporation is May 7, 1984 and the period of its duration is infinity

5. The address of its principal office in the state or country under the laws of which it is incorporated is

E. 23120 Inlet Drive Liberty Lake, WA 99019

6. The address to which correspondence should be addressed, if different from that in item 5.

7. The street address of its proposed registered office in Idaho is Store #11

Bonner Mall Sandpoint, ID 83864, and the name of its proposed

registered agent in Idaho at that address is Alyce L. Ryan

8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are:

Photo development and portrait studio

9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>John R. Ryan</u>	<u>President</u>	<u>E. 23120 Inlet Drive Liberty Lake, WA 99019</u>
<u>Alyce L. Ryan</u>	<u>Secretary</u>	<u>E. 23120 Inlet Drive Liberty Lake, WA 99019</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continued on reverse)

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Name

Office

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John R. Ryan

President

E. 23120 Inlet Drive Liberty Lake, WA 99019

Alyce L. Ryan

Secretary

E. 23120 Inlet Drive Liberty Lake, WA 99019

(continued on reverse)

Name

Office

Address

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.

11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: _____

White Pine Associates Inc.

(Corporation Name)

By [Signature] John R. Ryan

Its President/ Vice President (please specify)

and Alyce L. Ryan Alyce L. Ryan

Its Secretary/ Assistant Secretary (please specify)

STATE OF WASHINGTON)

COUNTY OF Spokane) ss:

I, Marilyn L. Stephenson, a notary public, do hereby certify that on this 6th day of AUGUST, 19 85, personally appeared before me John R. & Alyce L. Ryan, who being by me first duly sworn, declared that (s)he is the President & Secretary of White Pine Associates Inc.

that (s)he signed the foregoing document as President & Secretary of the corporation and that the statements therein contained are true.

[Signature]
Notary Public

Name

Office

Address

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.

11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: _____

White Pine Associates Inc.

(Corporation Name)

By

John R. Ryan

Its President/ Vice President (please specify)

and

Alyce L. Ryan

Alyce L. Ryan

Its Secretary/ Assistant Secretary (please specify)

STATE OF WASHINGTON)

COUNTY OF Spokane) ss:

I, Marilyn L. Stephenson, a notary public, do hereby certify that on this 6th day of AUGUST, 19 85, personally appeared before me JOHN R & Alyce L. Ryan, who being by me first duly sworn, declared that (s)he is the President & Secretary of White Pine Associates Inc

that (s)he signed the foregoing document as President & Secretary of the corporation and that the statements therein contained are true.

Marilyn L. Stephenson
Notary Public

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