

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)



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.

FILED/EFFECTIVE
2003 MAR -6 AM 8:44
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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

Image Experience Photography

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

Robert E. Springer Name

Complete Address

2815 Top Flight East Falls
#0. 83854

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

mark only those that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208-777-2691

Robert E. Springer

2815 Top flight

Post Falls Id. 83854

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

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

Secretary of State use only

Division 2937

quite important for the

Signature:

Robert Spring

Printed Name:

Robert Springer

Capacity:

Image Experience Photography

(see instruction # 3 on back of form)

IDAHO SECRETARY OF STATE
03/06/2003 05:00
CK: 3387 CT: 158010 BH: 666816
1 @ 20.00 = 20.00 ASSUM NAME # 2

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