	CERTIFICATE OF ASSUN (Please type or print legibly. S	MED BUSINESS MAME See instructions on reverse.)
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the undersigned
1.	The assumed business name which the unbusiness is:	dersigned use(s) in the transaction
	5+5 Digtal Imaging	
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Hoyd H. SoLT	Complete Address HCR 85 Bix 240-D Bonnes, FERRY Id.
		8380.5
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	hone number (optional): 208 267- 5762
	HCR 85 BOX 240-D	Submit Certificate of Assumed Business
	Bonners Ferry Idaho 838.	Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720
		Boise ID 83720-0080 208 334-2301
		Secretary of State use only
		IDAHO SECRETARY OF STATE 05/03/2000 09:00
Signature: Lloyd & Solf		11: 138558 BH: 314553
Printed Name: Lloyd H. Soit &		1 8 28.88 = 28.86 ASSUM HAVE # 2
Capacity: 50/p Proprietor		D 35434
	(see instruction # 8 on back of form)	g.corptic