

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on July 21, 2014.



Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201407180 25

NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

Certificate of Assumed Name
Pursuant to General Business Law §130

1. REAL NAME OF ENTITY: Precision Photo-Fab, Inc.

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Limited Liability Company Law
- Religious Corporations Law
- Education Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law):

3. ASSUMED NAME: Switzer

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

4020 Jeffrey Boulevard
Buffalo, NY 14219

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|--|-----------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Columbia | <input checked="" type="checkbox"/> Erie | <input type="checkbox"/> Greene | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Genesee | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Onondaga | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Seneca | <input type="checkbox"/> Seneca | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Otsego | <input type="checkbox"/> Richmond | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Ulster | <input type="checkbox"/> Tioga | <input type="checkbox"/> Westchester | |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: No New York State Business Location

4020 Jeffrey Boulevard
Buffalo, NY 14219

51 North Gates Avenue
Lackawanna, NY 14218

Name of Signer: Bernard Switzer

Signature: *Bernard Switzer*

- Capacity of Signer (Check one):
- Officer of the Corporation
 - General Partner of the Limited Partnership
 - Member of the Limited Liability Company
 - Manager of the Limited Liability Company
 - Authorized Person

Filer Name: Bernard Switzer

Mailing Address: 4020 Jeffrey Boulevard

City, State and Zip Code: Buffalo, NY 14219

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED JUL 18 2014
TAX SU 252925
RY: *[Signature]*

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

3571773-5

FILING RECEIPT

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ENTITY NAME : PRECISION PHOTO-FAB, INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

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FILER:

BERNARD SWITZER
4020 JEFFREY BLVD.

BUFFALO NY 14219

FILED: 07/18/2014
CASH#: 329951
FILM#: 20140718025

PRINCIPAL LOCATION

4020 JEFFREY BLVD.

BUFFALO
NY 14219



COMMENT:

ASSUMED NAME

SWITZER

=====

SERVICE COMPANY : +++ NO SERVICE COMPANY +++

CODE:
BOX :

FEEs 60.00

FILING : 25.00
COUNTY : 25.00
COPIES : 10.00
MISC : .00
HANDLE : .00

PAYMENTS: 60.00

CASH :
CHECK :
C CARD : 60.00

REFUND :
