



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

DEC 10 11 40 AM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Trinity Therapeutic

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

<u>Name</u>	<u>Complete Address</u>
<u>Shauna Kay Arnold</u>	<u>P.O. Box 401</u>
<u></u>	<u>Cascade Id 83611</u>
<u></u>	<u></u>

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

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

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

Trinity Therapeutic
P.O. Box 401
Cascade Id 83611

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

Signature: Shauna Arnold
Printed Name: Shauna Arnold
Capacity: Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

208-382-4724
message phone

Secretary of State use only

g:\corp\forms\labn form\stablbn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
12/10/2001 05:00
CK: 1809 CT: 154456 BH: 433680
1 @ 20.00 = 20.00 ASSUM NAME # 2

D50368