## CERTIFICATE OF ASSUMED BUSINESS NAME

Τc	the SECRETARY OF STATE, STATE OF	- 18° m. 810 - 01 m FIDAHO	
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.			
1.	. The assumed business name which the undersigned use(s) in the transaction of business is:		
	Health for Pros	serity	
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	<u>Address</u>	
	Hal DeGrange	1450 Silverado Place	
	Colleen De Grange	1450 Silverado Place 1450 Silverado Place	
3.	Meridian ID 83642.  The general type of business transacted under the assumed business name is:		
	Retail Trade		
	See categories on the reverse		
4.	4. The name and address to which correspondence should be addressed:		
	Hal DeGrange		
	1450 Silverado Place		
meridian ID 83642			
Signed ////			
	By _	Hal Debrange	
	Capacity	Owner	
	Submit Certificate of Assumed	Customer #	

Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 03/18/1997 0300 74168 CK #: 94200017 CUST# 44627 ASSUM NAME 18 20.00= 20.00