## 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.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  Health Care and Life Science Communications	
2. The true name(s) and business address(business under the assumed business naturally and business address).  **Carrie Ann Wiss**	
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade  Manufacturing  Transportation and Public Utilities  Wholesale Trade  Agriculture  Finance, Insurance, and Real Estate  Services  Construction  Mining	
4. The name and address to which future correspondence should be addressed:  Carric A. Wiss  59 Chaparral Rl.  Prise, 10 83716	Phone number (optional): (208)384.1572  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State
Name and address for this acknowledgm copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Davis C. W.	Secretary of State use only  IDAHO SECRETARY OF STATE  07/07/2000 09:00  CX: CASH CT: 133258 BH: 331829

Printed Name: Carrie A. Wiss

Capacity: Principal

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2

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