

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



Life Heali	ngs
2. The true name(s) and business address(es) of	the entity or individual(s) doing
business under the assumed business name: Name	Complete Address
Sandra M. Englis	2884 Fieldstream Ln.
	Idaho Falls, ID 83404
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Sandra M. Englis	Secretary of State 700 West Jefferson Basement West PO Box 83720
2884 Fieldstream Ln.	Boise ID 83720-0080
Idaho Falls, ID 83404	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):208-529-3253
	Secretary of State use only
inted Name: Sandra M. Englis pacity/Title: Owner	IDAHO SECRETARY OF STATE 10/27/2003 05:00 CK: 4254 CT: 158810 BH: 78848

25.98 ASSUM NAME # 2 070031