



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE

2002 OCT 15 AM 9:09

STATE
IDAHO

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

Phillips Health Group

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
<u>Annalee Phillips</u>	<u>617 N 1200W Blackfoot ID 83221</u>
<u>Matthew Phillips</u>	<u>Same</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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Phillips Health Group
617 N 1200W
Blackfoot ID 83221

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

Signature: Annalee Phillips
(signature required)

Printed Name: Annalee Phillips

Capacity/Title: 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):

208-684-5110

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
10/15/2002 05:00
CK: 4098 CT: 158810 BH: 575865
1 @ 20.00 = 20.00 ASSUM NAME # 2

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