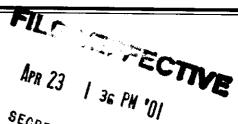


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned



submits for filing a certificate of Assumed Business N	***
Please type or print legibly.	SECRETARY STATE OF STATE
NOTE: See instructions on reverse before filing.	STAPA
	THE OF THE STATE
1. The assumed business name which the undersigned use(s) in the transaction of	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
busiliess is.	1.
/ Ne + DA DOCT	tor
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name Rogerton	Commisto Address
Thaine 1200 and 1	Complete Address
The TOP DOCTOR 72	37 W. Colonial St#B2
Koaler Miller Bo	S. ID 83709
	134, 40 00/07
3. The general type of business transacted under the	
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
	DIC Ottifies
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	Traine and \$20.00 fee to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
- A	Basement West
7237 W. Colonial St	PO Box 83720
Rise - 2 83709	Boise ID 83720-0080
1003(-71) 82/0/	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
•	- ' ^
COPY IS (if other than # 4 above):	208-890-9202
	Soomton, of State
	Secretary of State use only IDAHO SECRETARY OF STATE
Salah po	04/23/2001 09:00 CK: CASH CT: 145392 BH: 392747

Printed Name: Kogo

Capacity: () (

(see instruction #8 on back of form)

1 @ 20.00 = 20.00 ASSUM NAME # 2

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