Capacity: (

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME FILF (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned JAN 24 gives notice of adoption of an Assumed Business Name. ECRETARY OF STATION HOLDS 1. The assumed business name which the undersigned use(s) in the transaction of business is: ANCER CURE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Transportation and Public Utilities Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Mining Services Construction 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 01/25/2000 09:00 CK: 3890 CT: 125654 BH: 284018 Signature 1 6 26.88 = 20.88 ASSUM NAME # 2 Printed Name: 03238/