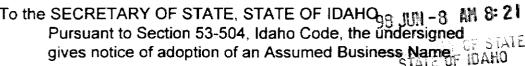
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)





Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name (IDAHO)	
The assumed business name which the undersigned business is:	<u> </u>
Hope Clinic	
2. The true name(s) and business address(es) of the business under the assumed business name is/are: Name Jenni for E. Thomason 862	: Complete Address
	n Falls IN 83301
The general type of business transacted under the (mark only those that apply)	assumed business name is:
☐ Retail Trade ☐ Manufacturing ☐ ☐ Wholesale Trade ☐ Agriculture ☐ ☒ Services ☐ Construction ☐	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future correspondence should be addressed:	Submit Certificate of
Jennifer Thompson	Assumed Business Name and \$20.00 fee to:
Twin Falls, ID 83301	Secretary of State 700 West Jefferson Basement West
5. Name and address for this acknowledgment copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only INGHO SECRETARY OF STATE
Signature: Juniter E. Thomason	06/08/1998 09:00 CK: 125 CT: 99749 BH: 117472
Printed Name: Jennifir E. Thompson	DISUZU
Capacity:	レーフルー