CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 JUL 16 AN 8: 46

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

STATE OF IDAHO

The assumed business name which the und business is:	dersigned use(s) in the transaction of
FosterHealth	
2. The true name(s) and business address(es) business under the assumed business name Name Arline + Donald Foster	of the entity or individual(s) doing 2 To se: Complete Address 4 18 2 0 N. 9 E 9 Mountain Home ID 83647
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture	der the assumed business name is: and Public Utilities Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Arline Foster 1820 N. 5th East Mountain Home ID 8364	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above); 	Phone number (optional): (208) 587-722/
	Secretary of State use only
Signature: Orline P. Joster	IDAHO SECRETARY OF STATE ###
Printed Name: Arline P. Foster	IDAHO SECRETARY OF STATE 97/22/2003 95:00 CK: 5340 CT: 158010 BH: 692260
Capacity/Title:owner (see instruction # 8 on back of form)	1 9 25.00 = 25.00 ASSUM HAME # 2