## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned anna SEP 17 MM 8: 59 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

MediFlex	Administrators
The true name(s) and business address(establishess under the assumed business name     Name     The true name(s) and business address(establishes) address(establishes) and business address(establishes) and business address(establishes) and business address(establishes) address(establishes) address(establishes) address(establishes) address(	ne: Complete Address
Zarigani LTD	1621 N 3rd Street, Suite 800
	Coeur d'Alene, ID 83814
<u>C132321</u>	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Mark D. Fisher  1621 N 3rd St. Suite 800  Coeur d' Alene, ID 83814	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):  (208) 664-3482
	Secretary of State use only
gnature: (signature required)	IDAHO SECRETARY OF STATE   OF S
nted Name: MAIZK FISHED	IDAHO SECRETARY OF STATE  ### ### ### ### ### ### ############
	IDAHO SECRETARY OF STATE
pacity/Title: CFO	CK: 3685 CT: 125494 PU. 70

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