

CERTIFICATE UF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 124 26 submits for filing a certificate of Assumed Business Name. FILED FILE 2: 31 FILED FIL

NOTE: See instructions on reverse before filing.

Treasurer

(see instruction # 8 on back of form)

Capacity/Title:

Care Net Pregnancy Center of the Lewis-Clark Valley	
The true name(s) and business address(es business under the assumed business nam Name Pregnancy Care Center, Inc C 84240	
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Care Net Pregnancy Center of the Lewis-Clark 2020 12th Ave Lewiston, ID 83501	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
i. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):

01/26/2004 05:00 CK: 3512 CT: 158818 BH: 723815 1 € 25.08 = 25.00 ASSUM NAME # 2