Capacity: Owne

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUTHERS FRACTIVE (Please type or print legibly. See instructions on reverse.) 01 MAY -3 PM 1:34 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned RY OF STATE gives notice of adoption of an Assumed Business Name TE UF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Life Enhancement Associates 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 Name oger W. Wordworth 12633 W. Andi ct. 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 323-4367 4. The name and address to which future correspondence should be addressed: whancement Associates Submit Certificate of **Assumed Business** Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODV is (if other than # 4 above): PO Box 83720 Above Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **05/03/2001 09:00** CK: 3758 CT: 145918 BH: 394932 Signatu**x**e: @ 28.88 = 28.80 ASSUM MANE # 2