227 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE. STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersign gives notice of adoption of an Assumed Busines SBORGTARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: rogressive, Rehabilitation and Becover 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 MDH W dance 831/12 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing **Retail Trade** Wholesale Trade Finance, Insurance, and Real Estate Aariculture Services Construction Mining 1 . 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: 837122 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODV IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature: 04/21/1998 09:00 CK: 1366 CT: 97689 BH: 103159 Printed Name: 1 8 28.00 = 28.00 ASSUM NAME Capacity: # 14242 (see instruction # 8 on back of form)