CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2005 JUN 24 8:11

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

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Sleep Evaluation Labs

2. The true name(s) and business address of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Kimberly A. Vorse MD	PO Box 5000 380 Washington Ave, Suite 201 Ketchum ID 83340

3. The general type of business transacted under the assumed business name is:

	Retail Trade		Transportation and Public Utilities
	Wholesale Trade		Construction
X	Services		Agriculture
	Manufacturing		Mining
	Finance, Insurance and Real Estate		

4. The name and address to which future correspondence should be addressed:

Kimberly A Vorse MD
PO Box 5000
Ketchum ID 83340

5. Name and address for this acknowledgment copy to be returned:

Phone number (optional):
208 7260000

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

Secretary of State use only

Signature: K Vorse MD
Printed Name: Kimberly A Vorse MD
Capacity/Title: owner

IDAHO SECRETARY OF STATE
06/24/2005 05:00
CK: 2409 CT: 150810 BH: 817790
1 @ 25.00 = 25.00 ASSUM NAME # 2

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