

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO.

Pursuant to Section 53-504, Idaho Code, the undersigned, SEP 17 AH 8:55
gives notice of adoption of an Assumed Business Name.

FILED



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

HOME MEDICAL OF The Puget Sound

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

<u>Name</u>	<u>Complete Address</u>
Home Medical & More, L.L.C.	2615 N 4th St., Ste. 527
<u>W 5394</u>	Coeur d'Alene ID 83815

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

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

David Westover

2615 N 4th St., Ste. 527

Coeur d'Alene ID 83815

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

**Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301
IDAHo SECRETARY OF STATE**

1 @ 28.00 = 28.00 ASSUM NAME # 3

Signature

Printed Name: David Westover

Capacity: Manager

(see instruction # 9 on back of form)