



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 OCT 17 AM 9:10

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Health Solutions of America

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

Name

Complete Address

Benjamin S. White

2807 W. One St. Boise, ID 83705

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

2807 W. One St.

Boise, ID 83705

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

Secretary of State use only

Signature: Benjamin S. White

Printed Name: Benjamin S. White

Capacity/Title: Owner

Signature: [Signature]

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
10/17/2012 05:00
CK: 1018 CT: 150018 BH: 1344097
1 @ 25.00 = 25.00 ASSUM NAME # 2

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