

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

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 under business is:	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Community Outreach for Active (CU87476) 3. The general type of business transacted under	Children's Health Inc. 013 West Empire Are bound'Alene 10 83814
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: C.O.A.C.H., Trecover	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature:	
Printed Name: Molly 5. Obet	
Capacity/Title: Treasurer	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	07/19/2010 05:00 CK: NO CK # CT: 249731 BH: 1231273 1 0 25.00 = 25.00 ASSUM NAME #
Capacity/Title:	1 6 C7.00 - C7.00 10000 MNHC 11

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