227 4/04/00

CERTIFICATE OF ASSUMED BUSINESS NAME TIVE

	(Please type or print legibly. S	ee instructions on reveniLED/EFFEC
2	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	E OF IDAHO io Code, the undersigned
1.	The assumed business name which the uno business is: Genesis Provider F	SECRIT
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
	Richard E. Crafe 20	
3.	The general type of business transacted une (mark only those that apply)	der the assumed business name is.
	Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed.	none number (optional): 46.5-0533
	Genesis Provider Agency 26N. Joseph Dr.	Submit Certificate of Assumed Business Name and \$20.00 fee to
	Nampa, Ia 83651	Secretary of State + 700 West Jefferson
5 .	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only

Capacity: Owner/Asministrator (see instruction # 8 on back of form)

IDANO SECRETARY OF STATE

64/04/2000 09:00 CK: CASH CT: 98913 BH: 385787

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