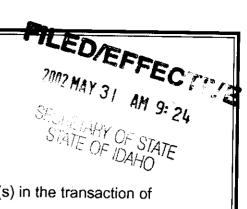


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Sniffles 'n Sneezes Care Center	
The true name(s) and <u>business</u> address(es) of business under the assumed business name:	f the entity or individual(s) doing
<u>Name</u>	Complete Address
JC Andersen Company	623 East Woodbury Drive
C 143495	Meridian ID, 83642
	er the assumed business name is:
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Sniffles 'n Sneezes Care Center	Secretary of State 700 West Jefferson Basement West PO Box 83720
623 East Woodbury Drive	Boise ID 83720-0080
Meridian, ID 83642	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-887-9452
	Secretary of State use only
gnature: Old (Manue:	IDAHO SECRETARY OF STATE
pacity/Title: President	IDAHO SECRETARY OF STATE 05/31/2002 05:
(see instruction # 8 on back of form)	CK: 3003 CT: 158010 BH: 46

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