

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

DEC 13 AM 10:20

SECRETARY OF STATE
STATE OF IDAHO

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

DORVILLE MEDICAL
medical

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
<u>EDOUARD L. SAGET</u>	<u>525 AVENUE H</u>
	<u>APT 711</u>
	<u>BOISE ID 83712</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

DORVILLE MEDICAL
EDOUARD L. SAGET
525 AVENUE H #711
BOISE ID 83712

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

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

Signature: Edouard L. Saget

Printed Name: EDOUARD SAGET

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Revision 2/87 g:\corp\forms\abn.pmb

Secretary of State use only

IMMO SECRETARY OF STATE

12/13/1999 09:00
CK: 1057 CT: 112025 IN: 272997

1 @ 20.00 = 20.00 ASSUM NAME # 2

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