## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

7871 AUG - 3 PH 2: 17

Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reve	rse before filing.	STATE OF THE	
<ol> <li>The assumed business name which business is: Kindred Pharmacy Services</li> </ol>	n the undersigned	d use(s) in the transaction of	
2. The true name(s) and business add business under the assumed busine Name  KPS Mountain. Inc.  C 154742-	iress(es) of the e	ntity or individual(s) doing Complete Address	<u>-</u>
	oortation and Pub ruction ulture G Estate ure		
5. Name and address for this acknow copy is (if other than #4 above):	rledgment	Phone number (optional):	
		Secretary of State use only	
Signature:	g)Damplomsebn fernslabn p65 Presed 04/2003	IDAHO SECRETARY OF STA	ATE 5 = 00
		PY 92225 PT 20140 BU.	354613

From-502 596 4785

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1 P 25.00 = 25.00 ASSUM NAME # 2