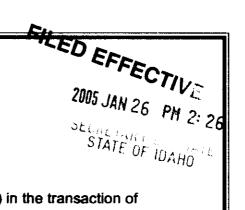


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the undersigned use(s) in the transaction of business is:      Eagle Surgical			
dividual(s) doing ete Address N. Eagle Road			
ousiness name is:			
it Certificate of med Business and \$25.00 fee to: stary of State Vest Jefferson ment West ox 83720 ID 83720-0080 34-2301 number (optional):			
Secretary of State use only  IDANO SECRETARY OF STATE			