

CERTIFICATE OF ASSUMED BUSINESS NAME

PLEO/EFFE

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

2003 FEB 13 AM 9: 03

Please type or print legibly. NOTE: See instructions on reverse before filing. BLC EINHY OF STATE STATE OF IDAHO

 The assumed business name which the unbusiness is: Idaho Diagnostic Sleep Center, Inc The true name(s) and business address(esbusiness under the assumed business name) 	e) of the entity or individual(s) doing
Name	Complete Address
Idaho Diagnostic Sleep Lab, Inc.	521-C Share Avenue West
((-106536)	Twin Falls ID 83301
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
Correspondence should be addressed: Idaho Diagnostic Sleep Center, Inc. 526-C Shoup Avenue west Twin Falls ID 83301	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Phone number (optional): (308) 736- 7646
	Secretary of State use only
Signature: Signature required Printed Name: Noh-Hup Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE DAHO SECRETARY OF STATE O2/13/2003 05 = 00

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