CERTIFICATE OF ACCUMENT

| | OLIVINICATE OF ASSUMED BUSINESS NAME |
|----|---|
| | Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of doption of an Assumed Business Name. |
| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: Arbox Care |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: |
| | William E. Josey P.O.Box 397 Havey 10 83333 Kristin K. Josey |
| 3. | The general type of business transacted under the assumed business name is: |
| | See categories on the reverse |
| 4. | The name and address to which correspondence should be addressed: Arbor Care P.O. Box 397 Holiku ID 92222 |
| | Signed School Charles |
| | Capacity Owe V |
| | Submit Certificate of Assumed Customer# |

Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 03/13/1997

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