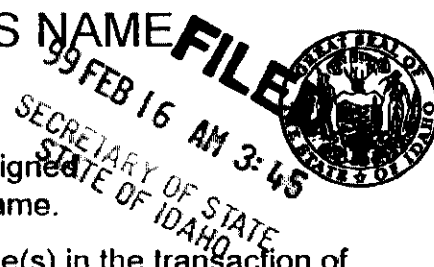


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.



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

Lifeworks Biofeedback Center

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>Andy C Mott</u>	<u>1301 Dover Hwy</u>
<u>Sandpoint, Id. 83864</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:

Lifeworks Biofeedback
1301 Dover Hwy
Sandpoint, Id. 83864

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

[Same.] Lifeworks Biofeedback Center
1301 Dover Hwy. Sandpoint
Id. 83864

Signature: Andy C Mott

Printed Name: Andy C Mott

Capacity: Owner/Operator

(see instruction # 8 on back of form)

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

Secretary of State use only
IDaho SECRETARY OF STATE

02/16/1999 09:00
CX: 1822 CT: 111128 BH: 180828

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 23142

Revision 2/97

g:\corp\form\stateln.pmg