

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 DEC -6 PM 2:37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Blue Dragon Therapies

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Linda M. Linnick

1030 N 6th East

Mountain Home, ID 83647

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Linda M. Linnick
1030 N 6th East
Mountain Home, ID 83647

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

SAME

Phone number (optional):

(208) 580-5453

Secretary of State use only

PS2424

Signature: Linda M. Linnick
(signature required)
Printed Name: Linda M. Linnick
Capacity/Title: Sole Proprietor

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
12/06/2004 05:00
CK: 1160 CT: 158010 BH: 780079
1 @ 25.00 = 25.00 ASSUM NAME # 2