Capacity: President

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

4			
7.	The assumed business name which the un business is:	dersign	ed use(s) in the transaction of
	Med Ed		
2.	The true name(s) and business address(es business under the assumed business name   Name  Medical Education Specialists, Inc.	ne is/are	- · · · · · · · · · · · · · · · · · · ·
3.	The general type of business transacted un (mark only those that apply)  Retail Trade Manufacturing		Transportation and Public Utilities
	<ul><li>Wholesale Trade</li><li>✓ Agriculture</li><li>✓ Construction</li></ul>		Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:		
	Medical Education Specialists, Inc. 29 E. Fairview		Submit Certificate of Assumed Business Name and \$20.00 fee to:
			Name and \$20.00 fee to:
	Meridian, Idaho 83642		Secretary of State
5.	Meridian, Idaho 83642  Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720.
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):  Bailey Law Group, P.C.	nt	Secretary of State 700 West Jefferson Basement West
5.	Name and address for this acknowledgmer copy is (if other than #4 above):  Bailey Law Group, P.C.  805 West Idaho Street, Suite 403	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720. Boise ID 83720-0080
5. gnatu	Name and address for this acknowledgmer copy is (if other than # 4 above):  Bailey Law Group, P.C.  805 West Idaho Street, Suite 403  Boise, Idaho 83702	Revision 2/97	Secretary of State 700 West Jefferson Basement West PO Box 83720. Boise ID 83720-0080 208 334-2301