FILED/II. -ECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

00 NOV 15 AM 8: 45

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives hote of adoption of an Assumed Business Name:

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

Women's Health Care

The true name(s) and business address(es) of every person who has financial or control interest in the business to be transacted under the assumed business name is/are: 2.

Name

Address

Cynthia Dalsing

502 N. Second Avenue Sandpoint, Idaho 83864

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

Advanced Nurse Practitioner

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

Cynthia Dalsing, MSN 502 N. Second Avenue Sandpoint, ID 83864

Signed

By:

ynthia Dalsing

Submit Certificate of Assumed

Business Name and \$20.00 fee to:

Secretary of State

700 West Jefferson

P. O. Box 83720

Boise, ID 83720-0080

IDAHO SECRETARY OF STATE

11/15/2000 09:00 CK: 7821 CT: 28218 MH: 361813

28.88 = 28.80 ASSUM NAME # 2