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CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

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:

   MICHALISIN & ASSOCIATES

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
DAVID J MICHALISIN	
(HEALTH CARE PRODUCTS)	224 N. STAR RD STAR ID 83669

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Agriculture
- [ ] Construction
- [ ] Transportation and Public Utilities
- [ ] Finance, Insurance, and Real Estate
- [ ] Mining

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

   Phone number (optional) (208) 286 9767

   MICHALISIN & ASSOCIATES
   ~~[illegible]~~ PO Box 28
   STAR ID 83669

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

Signature: [signature]

Printed Name: DAVID J. MICHALISIN

Capacity:

(see instruction # 5 on back of form)

Submit Certificate of Assumed Business Name and $30.00 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

[illegible]

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