



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

00 JUN -5 PM 2:36

Pursuant to Section 53-504, Idaho Code, the undersigned, SECRETARY OF STATE
gives notice of adoption of an Assumed Business Name. STATE OF IDAHO

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

Right Touch Health Care

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>Tesla H Gillespie</u>	<u>370 N 8 E Mt. Home, Id 83647</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:

Phone number (optional): _____

RTH
P.O. Box 1048
Mt. Home, Id 83647

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

647

Signature: Tesla H Gillespie

Printed Name: Tesla H Gillespie

Capacity: _____

(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

06/03/2000 09:00
CR: none CT: 131989 BH: 323686

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

g:\corp\forms\labn.p65

0 36390