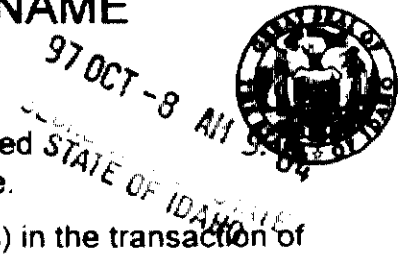


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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:

NATIONWIDE HEALTH CO-OP

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>JOHN A. FITZGERALD</u>	<u>HC 1 Box 82M ST. MARIES, ID 83861</u>
<u>NANCY J. FITZGERALD</u>	<u>HC 1 Box 82M ST. MARIES, ID 83861</u>

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

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

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

JOHN FITZGERALD  
RT. 1 Box 82M  
ST. MARIES, ID 83861

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: John A. Fitzgerald

Printed Name: JOHN A. FITZGERALD

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

10/08/1997 09:00  
LHS 121 : 83861 : 42114  
LHS 20.00 = 20.00 : 42114 : 42114

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Revision 2/97

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