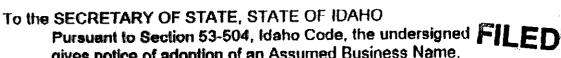
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





gives notice of adoption of an Assumed business Name.	
 The assumed business name which the a business is: 	
NEWSTART FOR HEAlth M	SSION SERRETARIBLE STATE NO C.
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name ls/are:	
<u>Name</u>	Complete Address
MARK ROBANSKE Melowie ROBANSKE	P.O. BOX 33 LEWISTON I'd 8350 SAME
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	Finance, Insurance, and Real Estaté
4. The name and address to which future Phone number (optional): correspondence should be addressed:	
MARK ROBANSKE P.O. BOX 33 LEWISTON	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme	Secretary of State 700 West Jefferson
COpy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: MARK RobousKE	Ø3/25/1999 Ø9:ØØ CK: 1934 CT: 106225 BH: 200587
Capacity: ONER OPPERATOR (see instruction # 8 on back of form)	1 8 28.88 = 28.88 ASSUM MANE # 2
	D 24398