

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned, AM 8:50
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: Pathways To Wellness

~~Southwest Idaho Microscopy~~

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>Lisa M. Ross</u>	<u>PO Box 492 Albion, ID 83311</u>
<u>James P. Ross</u>	<u>Same</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 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): (208) 673-5413

Lisa M. Ross
PO Box 492
Albion, ID 83311

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

*

Signature: Lisa M. Ross

Printed Name: Lisa M. Ross

Capacity: President

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
35.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Revision 2/97

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IDAHO SECRETARY OF STATE
07/01/2004 05:00
CK: 1501 CT: 150010 BH: 753454
1 @ 25.00 = 25.00 ASSUM NAME # 2

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