

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2004 JUL 30 P 1: 55

CONTRACTOR STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: Advocate/owner.

(see instruction # 8 on back of form)

<ol> <li>The assumed business name which the undersigne business is:</li> </ol>	ed use(s) in the transaction of
Prescription Assistance	e
	entity or individual(s) doing  Complete Address  W. While ASh Dr.  Idian Id 83642
<ol><li>The general type of business transacted under the a</li></ol>	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Prescription Assitance Answeridian Id 83442	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	Phone number (optional): 208-724-4706
	Secretary of State use only
Signature: (signature required)  Printed Name: LISa Howell 988	IDAHO SECRETARY OF CTATE

IDANO SECRETARY OF STATE
OX: CASH CT: 150010 BH: 7504
1 8 25.00 = 25.00 ASSUM NAME

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