

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



99 SEP 13 PM 1:52

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.

SECRETARY OF STATE  
STATE OF IDAHO

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

Pegasus ~~Health~~ Health Care Technologies

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>Gloria K Robinson</u>	<u>8036 W. Peterson St.</u>
	<u>Boise ID 83703</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): \_\_\_\_\_

Pegasus Health Care Technologies  
8036 W. Peterson  
Boise ID 83703

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

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

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

Signature: Gloria K Robinson

Printed Name: Gloria K. Robinson

Capacity: CEO

(see instruction # 8 on back of form)

Revision 2/97 g:\corp\formatlabn.pms

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/13/1999 09:00  
CK: 6315 CT: 120435 BH: 249354  
1 @ 20.00 = 20.00 ASSUM NAME # 3

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