



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2008-03-24 AM 8:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Eagle Audiology & Hearing Aid Center

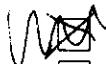
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

National Hearing Services, LLC 6700 Overland Boise ID 83709
W24288

3. The general type of business transacted under the assumed business name is:



Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

Jacquie Elcox
6700 Overland Rd
Boise, Id 83709

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

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

Phone number (optional):

208 830 3174

Signature: Jacquie Elcox
(signature required)

Printed Name: Jacquie Elcox

Capacity/Title: Owner/Managing Director
(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDaho SECRETARY OF STATE
03/24/2006 05:00
CK: 1504 CT: 190853 BH: 945412
1 @ 25.00 = 25.00 ASSUM NAME # 2

03/24/2006