	CERTIFICATE OF ASSUMED BUS (Please type or print legibly. See instruction	SINESS NAME s or <b>fflued/effectiv</b>
± 0	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the understand gives notice of adoption of an Assumed Busine	undersigned 411 10: 45
1.	The assumed business name which the undersigned use business is:  Relations Medical	e(s) in the transaction of IDAHO
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 Soya Bels	plete Address Ross Lo Bos Ja 83706
_	Patricia Johnson 3049 RoTsy	Ross In Box of 18800
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	[ <del></del>	nsportation and Public Utilities ince, Insurance, and Real Estate ing
4.	The name and address to which future Phone number (optional):	
ے شے	3049 Batsy Ross In	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Φ	Secretary of State use only

Signature: Waw & Co

Printed Name:

Capacity: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

12/21/2000 09:00 CK: 3565 CT: 139886 BH: 368862

1 0 20.00 = 20.00 ASSUM NAME # 2

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