

227



# 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  
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:

Health Quest

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

Connie L. Wilcox

Complete Address

P.O. Box 187; Twin Falls, ID 83303

Richard L. Wilcox

P.O. Box 187; Twin Falls, ID 83303

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 checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input 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): 208 733-1008

Health Quest

P.O. Box 187

Twin Falls, ID 83303

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

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

Secretary of State use only

Signature: Connie L. Wilcox

Printed Name: Connie L. Wilcox

Capacity: President

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

11/19/1998 09:00  
CK: 10625 CT: 62427 BH: 162926

1 @ 20.00 = 20.00 ASSUM NAME # 2

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