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

business C 2. The true i	med business name which the is: Name (s) and business address under the assumed business Name	e undersigned use anima s(es) of the entity name is/are:	(s) in the transaction of ATE OF CARE	FFECTI
3. The gene	maric Lyprand eral type of business transacte	80 POX 1973	Hailey, ID. 83333	
Reta Who Serv 4. The name	nil Trade	re	nsportation and Public Uance, Insurance, and Reing (optional): 208 578 15	al Estate
Faith Po 19 Hailes 5. Name an	marie Lybrand	- gment	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	
Signature: <u>So</u> Printed Name: Capacity:(see		Corputormstatn p65 Revision 12/99	Secretary of State use only IDAHO SECRETARY OF STATE 29/27/2888 29:154746288 CT: 136553 NH: 35	1079