

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.

RECEIVED
JAN 12 1998
SECRETARY OF STATE
STATE OF IDAHO

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

HOUK CARE CENTERS

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

<u>Name</u>	<u>Complete Address</u>
<u>GLEN HOUK</u>	<u>220 4TH AVE E TWIN FALLS ID</u>
<u>MYRIL HOUK</u>	<u>220 4TH AVE E TWIN FALLS ID</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): _____

220 4TH AVE E TWIN FALLS

GLEN OR MERIL HOUK

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

D.L. EVANS BANK

PO BOX 87

TWIN FALLS, ID 83303

Signature: Glen A. Houk

Printed Name: Glen A. Houk

Capacity: Owner

(see instruction # 8 on back of form)

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

IDAHo SECRETARY OF STATE

01/12/1998 09:00
CK: 4203 CT: 92463 BH: 71942

1 @ 20.00 = 20.00 ASSUM NAME

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