27	
CERTIFICATE OF	TO EFFECTIVE
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Name	ned 2835 AUG 12 AM 9: 15 me.
Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
INTERMOUNTAIN HEARING	<u>SCENIER</u>
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 Gregory L Anderson I435 EAST 17th Street Idaho Falls, ID 83404	
 3. The general type of business transacted under the as Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 	
4. The name and address to which future correspondence should be addressed: <u>Gregory L</u> Anderson <u>1435 EAST 17th STreet</u> <u>Jogho Falls, ID 83404</u>	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 208 - 523 -0636
	Secretary of State use only
Signature: <u>Megery</u> <u>Janderphi</u> Printed Name: <u>Signature required</u> <u>Anderson</u> Capacity/Title: <u>OWNES</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 08/12/2005 05:00 CK: 62166 CT: 189128 BH: 985855 1 8 25.08 = 25.06 ASSUM NAME # 2 D 90558