CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversible FFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned APR 18 AN 8:38 gives notice of adoption of an Assurant T To the SECRETARY OF STATE, STATE OF IDAHO 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: Sham Medical Analysis 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 1305 E, Main 5+. Wendy L. Werser Id. 83672 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate ✓ Services Construction Mining Phone number (optional): 208-741-6224. 4. The name and address to which future correspondence should be addressed: sham Medical Analysis Submit Certificate of Assumed Business 1305 E Main ST Name and \$20.00 fee to: Weiser ld 83672. Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **84/18/2000 09:00** CK: 3219 CT: 129913 BH: 318887

Signature: <u>(XV)</u>

Printed Name: M

Capacity:___

(see instruction # 8 on back of form)

1 8 20.90 = 20.00 ASSUM MAME # 2

7) 35081