CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE Pursuant to Section 53-56 adoption of an Assumed Busines	04 Idaha Cada tha
1. The assumed business name obusiness is: SHAMROCK HE	which the undersigned use(s) in the transaction of calth Care SHamvall Health Product
ti the designing i	business name is/are: Address
3. The general type of business to Refail Trade See categories on the reverse	ansacted under the assumed business name is:
4. The name and address to which	correspondence should be addressed:
	Signed Kallesa Crowf By Capacity C. E. O.
Submit Certificate of Assumed Business Name and \$20.00 fee t Secretary of State 700 West Jefferson PO Box 83720	Cuclement

Boise ID 83720-0080