

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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.

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

Substance Abuse Family Action, Rehabilitation & Information (S.A.F.A.R.I.)

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

NameComplete AddressRichard Lee Hemrick1734 Carmel DriveIdaho Falls, Idaho 83402

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:

Richard L. Hemrick1734 Carmel DriveIdaho Falls, Idaho 83402

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

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

Secretary of State use only

Signature: Richard L. HemrickPrinted Name: Richard L. HemrickCapacity: Owner/Sole Proprietor
(Instruction # 8 on back of form)

5/15/97

IDAHO SECRETARY OF STATE
DATE 05/22/1997
0900 95195 2
CK #: 976 CUST# 81825
ASSUM NAME 10 20.00= 20.00

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