CERTIFICATE OF ASSUMED BEALE DEFINE (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 406 25 12 42 PM *** Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an A	Assumed Business Name.
1. The assumed business name which the u business is: Mega Health	· v
2. The true name(s) and business address(e business under the assumed business na Name	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted to (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate Mining
4. The name and address to which future correspondence should be addressed:	Phone number (optional): Del 250 (1130
MECA HEALTH L-E MODELLE STORY	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature:	IDAHO SECRETARY OF STATE 08/25/2000 09:00 CK: 8136 CT: 135225 BH: 344023 1 8 28.00 = 20.00 ASSUM NAME # 2
Printed Name: SLAYNE HESS	n. p85
Capacity: A A Conference of form)	1) 38461