CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2095 JAH 30 AN 8: 36

Please type or print legibly.

MOTE: See instructions on reverse before filing.

AL OF BALLATE

COUNTRY HEALTH STORE	
The true name(s) and business address(es) to business under the assumed business name Name BIO-MECHANICS CLINIC	of the entity or individual(s) doing : Complete Address PO BOX 367 ABERDEEN, ID 83210
Harold J Klassen	
	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate The name and address to which future	Secretary of State 700 West Jefferson
Correspondence should be addressed: HAROLD J KLASSEN PO BOX 367 ABERDEEN ID 83210	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
HAROLD J KLASSEN	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
HAROLD J KLASSEN PO BOX 367 ABERDEEN, ID 83210 Name and address for this acknowledgment	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature: (signature

(signature required)

Printed Name: ____

HAROLD J KLASSEN

Capacity/Title:

OWNER/OPERATOR

(see instruction # 8 on back of form)

g/corp/forms/abn forms/abn p Revised 04/2003

IDAHO SECRETARY OF STATE
02/04/2004 05:00
CK: 4434 CT: 141058 BH: 725486
1 @ 25.00 = 25.00 ASSUM NAME # 2

D72775