

Signature:

Printed Name:

Capacity/Title: __

CERTIFICATE OF ASSUMED BUSINESS NAME DRAFT 19 All 8:49

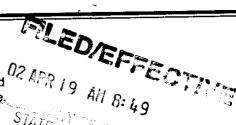
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name,

Please type or print legibly. NOTE: See instructions on reverse before filing.

> (signature required) Ryan Saltzgiver

Independent Contractor

(see instruction # 8 on back of form)



1. The assumed business name which the undersigned use(s) in the transaction of business is: Advanced Home Med 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name PO Box 1101 Spirit Lake, ID 83869 Ryan Saltzgiver 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities **Retail Trade** Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Mining Manufacturing Name and **\$20.00** fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Ryan Saltzgiver Boise ID 83720-0080 PO Box 1101 208 334-2301 Spirit Lake, ID 83869 Phone number (optional): 5. Name and address for this acknowledgment (208) 623-2293 CODV IS (if other than # 4 above). Secretary of State use only

LUAHO SECRETARY OF STATE 04/19/2002 05:00 CK: 801 CT: 158010 BH: 460434 1 0 20.00 = 20.00 ASSUM NAME # 2