FILED/EFFECTIVE

| 227 | FILED/EFFEG/IVE |
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| CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on rever | se.) |
| To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersig gives notice of adoption of an Assumed Business Nar | |
| 1. The assumed business name which the undersigned use business is: <u>Kempson</u> <u>Haseria</u> | e(s) in the transaction of |
| The true name(s) and business address(es) of the entity business under the assumed business name is/are: <u>Name</u> | or individual(s) doing |
| Diane A- Lampson, MSW, PhD Panela M. Clarke, RN, PhD | Suite E Pocatelle, ID |
| The general type of business transacted under the assur (mark only those that apply) | med business name is: 8.3201 |
| | nsportation and Public Utilities ance, Insurance, and Real Estate iing |
| The name and address to which future Phone number correspondence should be addressed: | (optional)(208) 234-7853 |
| Diane Lampson 250 N. 5th, Suite E | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| /6/2 | IDAHO SECRETARY OF STATE Secretary of State use only 07/27/2000 09:00 CK: 1938 CT: 134034 BH: 336667 |
| Signature | 1 & 20.00 = 20.00 ASSUM NAME # 2 |
| Printed Name: Diane H. Kengson Capacity: On here (see instruction # 8 on back of form) | 537721 |

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