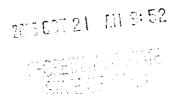


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.



business is:	
EZ HEALTI	H OF AMERICA
2. The true name(s) and business address(es business under the assumed business name Name BLAIR T SIMMONS SIMMONS BENEFITGROUP INC.	s) of the entity or individual(s) doing ne: Complete Address 3758 N FOOTHILL RD.IDAHO FALLS ID 83401 SAME
3. The general type of business transacted un Retail Trade Transportation	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 3129 NORTH FOOTHILL RD. IDAHO FALLS IDAHO 83401	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	nt Phone number (optional): 208-525-8222
	Secretary of State use only
nted Name: BLAIR T SIMMONS pacity/Title: 50% OWNER	IDANO SECRETARY OF ST 10/21/2005 0: CK: 993 CT: 158010 BH: 1 2 25.00 = 25.00 ASSUM

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