

**CERTIFICATE OF ASSUMED BUSINESS NAME**

**(Please type or print legibly)**

To the SECRETARY OF STATE, STATE OF IDAHO,

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:

1. The assumed business name which the undersigned use(s) in the transaction or business is:

## HOME MEDICAL OF

Hawaii

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name  
Home Medical & More, L.L.C.

Complete Address  
2615 N 4th St., Ste. 527

Coeur d'Alene ID 83815

Retail Trade       Manufacturing       Transportation and Public Utilities  
 Wholesale Trade       Agriculture       Finance, Insurance, and Real Estate  
 Services       Construction       Mining

4. The name and address to which future correspondence should be addressed:

David Westover

2615 N 4th St., Ste. 527

Coeur d'Alene ID 83815

5. Name and address for this acknowledgment copy is (If other than # 4 above):

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301  
IDAHO SECRETARY OF STATE

01/13/1999 09:00  
CK: 385740591849478413

1 8 28.00 = 28.00 ASSUM NAME # 10

**Signature**

Printed Name: David Westover

**Capacity:** Manager

(see Instruction # 8 on back of form)