

Capacity/Title: OWner-

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 FEB 16 AHII: 36

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

STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Health Willialon 5356 S. Clark Rek Crupt 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and **\$25.00** 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 Heath W. Chalin Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than #4 above): 208-629-9561 Secretary of State use only 0168327 Signature: Leath (signature required)

Printed Name: Heath W. Whelm

IDAHO SECRETARY OF STATE 02/16/2007 05 = 00 CK: CASH CT: 158010 BH: 1034007 8 25.00 = 25.00 ASSUM NAME # 2