CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

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 ubusiness is: HOME MEDIC	und	ersigned us	e(s) in the transaction of
2.	The true name(s) and business address(s) business under the assumed business name Name Richard Black		• • • • • • • • • • • • • • • • • • • •	
	The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade			
5.	Richard Black 1411 5. Arcadia Boise, Id 83705 Name and address for this acknowledgm copy is (if other than # 4 above):	ent		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
		!	8671	Secretary of State use only IDANO SECRETARY OF STATE

Signature:_

Printed Name:

Capacity: OWNER

(see instruction # 8 on back of form)

05/12/1999 09:00 CX: CRSH CT: 115428 BH: 216119

1 @ 20.00 = 20.00 ASSUM NAME # 2

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