CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of the adoption of an Assumed Business Name. STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: ANTES. Assistant Nurse Training and Education System 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 Address ebicca L. Delducco Po Box 488 Sagle J 3. The general type of business transacted under the assumed business name is: Sea categories on the reverse 4. The name and address to which correspondence should be addressed: Capacity Ownes Submit Certificate of Assumed Customer # Business Name and \$20.00 fee to: Secretary of State use only Secretary of State IDAHO SECRETARY OF STATE 700 West Jefferson

PO Box 83720

Boise ID 83720-0080

01/15/1999 09:00 CK: 3564 CT: 189668 BH: 179151

1 # 20.00 = 20.00 ASSUM MAME # 2