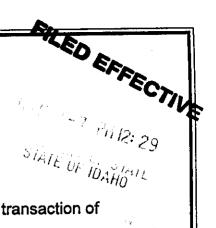


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



	"10
The assumed business name which the under business is:	
ORGAN TRANSPLANTATION TRUST	FUND MARLENE RAGLAND
2. The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u>	of the entity or individual(s) doing e: <u>Complete Address</u>
JIMMY L, RAGLAND	4509 W. SANUT ANDREWS DR.
	SAINT
Therail Hade	der the assumed business name is: and Public Utilities
 Wholesale Trade ☐ Construction X Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
JIMMY L RAGLAND	Boise ID 83720-0080
4509 W Saint Andrews DA	208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Printed Name: Tresident Ragional Capacity/Title: President (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 93/07/2003 05:00 CX: CASH CT: 158010 BH: 6671 1 0 20.80 = 20.80 ASSUM NAME
(see instruction #8 on back of form)	D63239