

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

97 JUN 25 AM 9:10

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 of business is:

Bridge Health Network

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	Post Falls Id.	Address
<u>Teresa Miller</u>	<u>83854</u>	<u>1602 A E. Settice Way #323</u>
<u>Lesli Hunt-Wood</u>	<u>22100 Estates Dr.</u>	<u>Athol Id. 83801</u>

3. The general type of business transacted under the assumed business name is:

Services

See categories on the reverse

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

Teresa Miller 1602 A E Settice Way #323  
Post Falls Id. 83854

Signed

Lesli Hunt-Wood

By

Capacity

General Partner

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

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 06/25/1997  
0900 105437 2  
CK #: 1319 CUST# 83438  
ASSUM NAME 1# 20.00= 20.00

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