

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

01 AUG 22 AM 8: 34

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

STATE OF STATE

1. The assumed business name which the undersign business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Sewest Medical Services Con (13963)	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
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: 2824 POIETINE #D. #A FORAYELLO, ID 83201	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above); 	Phone number (optional): 208-238-1171
	Secretary of State use only
Signature: <u>MARK SEM DUS</u> Printed Name: <u>MARK SEM DUS</u> Capacity: <u>Damer - Psesident</u>	IDAHO SECRETARY OF STATE 08/22/2001 05:00 CK: 250 CT: 14805 BH: 414974 1 0 20.00 = 20.00 ASSUM NAME # 2

(see instruction # 8 on back of form)

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