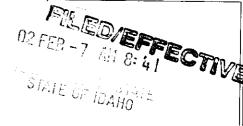


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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The assumed business name which the undersigned business is:	ed use(s) in the transaction of
INTEGRATIVE HEALTH	SERVICES
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Sewest Medical Services, Coep.	ntity or individual(s) doing
	83201
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to: Secretary of State 700 West Jefferson
SEWEST MEDICAL SERVICES CORP. 2824 POLELINE RD. POCATELLO, ID 83201	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-238-//7/
	Secretary of State use only
Signature:	IDANO SECRETARY OF STATE 02/07/2002 05:00 CK: 2238 CT: 156833 BH: 444879
(see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM NAME # 8

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