

**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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:

MEDICAL Equipment Company

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	Complete Address
<u>Medeco, Inc.</u>	<u>1054 E. Pelar Drive</u>
	<u>Boise, Id 83702</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional) (208) 378-8078

JOE MURRAY  
1054 E. PELAR DR  
BOISE, ID 83702

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Joe MurrayPrinted Name: Joe MurrayCapacity: President

(see instruction # 8 on back of form)

Revision 1/98

a corporation-jds

IDAHO SECRETARY OF STATE

12/21/1998 09:00  
CK: 3003 CT: 100430 DN: 171923

1 @ 20.00 = 20.00 ASSUM NAME # 2

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FILED

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SECRETARY OF STATE  
STATE OF IDAHO