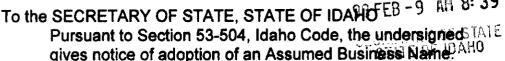
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





Pursuant to Section 53-504, Idaho Code, the undersigned TATE gives notice of adoption of an Assumed Business Name AHO		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
Œ	VITAL CARE + RELAX SYSTEMS+C	(V.C.R.'S. + COMPANY)
2.	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 VINCENT RAND LAVEOLETTE 5912 VE	Complete Address ALLEY ST. DALTON GARDENS
		ID 83815
	SHIRLEY DIANE LAVIOLETTE (SAME	AS AROVE
	The general type of business transacted under the assumed business name is: (mark only those that apply) WE ARE DISTRIBUTORS OF NIKKEN PRODUCTS. [V] Retail Trade [V] Manufacturing [V] Transportation and Public Utilities.	
		Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional): correspondence should be addressed:	
	VITAL CARE + RELAX SYSTEMS + CO.	Submit Certificate of
	P.O.Box 2989	Assumed Business Name and \$20.00 fee to:
	HAYDEN, ID 83835	Secretary of State
5.	Name and address for this acknowledgment	700 West Jefferson Basement West
٠.	COPY is (if other than # 4 above):	PO Box 83720
		Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDAHO SECRETARY OF STATE
	n 2/97	02/09/1998 U9:UU

Signature: Shirley D. La Violette

Printed Name: SHIRLEY D. LAVEOUTTE

Capacity: CO-OWNER

(see instruction # 8 on back of form)

CK: 6564 CT: 93915 PH: 80302

1 0 20.00 = 20.00 ASSUM NAME

011903