

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:

VITAL CARE + RELAX SYSTEMS^{CO.} (V.C.R.'S. + 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>VINCENT RAND LAVIOLETTE</u>	<u>5912 VALLEY ST, DALTON GARDENS,</u>
	<u>ID 83815</u>
<u>SHIRLEY DIANE LAVIOLETTE</u>	<u>(SAME AS ABOVE)</u>

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

(mark only those that apply)

WE ARE DISTRIBUTORS OF NIKKEN PRODUCTS.

- | | | |
|---|--|--|
| <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 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): _____

VITAL CARE + RELAX SYSTEMS + CO.
P.O. BOX 2989
HAYDEN, ID 83835

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

Signature: Shirley D. Laviolette

Printed Name: SHIRLEY D. LAVIOLETTE

Capacity: CO-OWNER

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only
IDAHO SECRETARY OF STATE

02/09/1998 09:00
CK: 6504 CT: 93915 RH: 00302

1 @ 20.00 = 20.00 ASSUM NAME

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