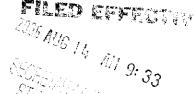


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the business is: A to Z Family Care		
The true name(s) and <u>business</u> address business under the assumed business name Name	(es) of the name:	entity or individual(s) doing Complete Address Eldridge, Twin Faus I
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	tion and Pu on	assumed business name is: ablic Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above);	ment	Phone number (optional): 208-733-9697
	- sgd	Secretary of State use only
gnature Janue Carter (signature required)	labn formstabri.p65 ed 04/2003	IDAHO SECRETARY OF STATE

Capacity/Title: Nurse Practitioner

(see instruction # 8 on back of form)

08/14/2006 05:00 CK: 1306 CT: 158010 BH: 969827 1 8 25.00 = 25.00 ASSUM NAME # 2