

# CERTIFICATE OF ASSUMED BUSINESS NAME FILED

(Please type or print legibly)

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:

HOME MEDICAL OF Nevada

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

45384

Name	Complete Address
Home Medical & More, L.L.C.	2615 N 4th St., Ste. 527
	Coeur d'Alene ID 83815

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 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:

David Westover

2615 N 4th St., Ste. 527

Coeur d'Alene ID 83815

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

IDAHO SECRETARY OF STATE

Signature

Printed Name: David Westover

Capacity: Manager

(see instruction # 8 on back of form)

01/13/1999 09:00  
CK: 3302 APP: 105785 IN: 178413

1 @ 20.00 = 20.00 ASSUM NAME # 9

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