

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 OCT 12 AM 8: 56

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.	
I. The assumed business name which the undersign business is: CC A HEALTH CARE RE(ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name COLLECTO Inc. (CISO491)	Complete Address
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: CCA CORPORATE OFFICES NORWEU IMP. DIOG/	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (If other than # 4 above):	
	Secretary of State use only
gnature: Paul F Leary Tr. apacity/Title: CEO	IDAHO SECRETARY OF STAT 10/12/2007 05 a CK: 39794 CT: 158010 BH: 11

25.00 ASSUM NAME # 3

