CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME 07 0CT 16 AM 8: 17

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

NOTE: See Instructions on reverse before filing.

business is: Partners For Life Services	
The true name(s) and business address(es) of business under the assumed business name: Name Bryon Everett Devore Heide Marie Devore The general type of business transacted under	Complete Address 2586 N. Miranda Ave. Meridian, ID 83646 2586 N. Miranda Ave. Meridian, ID 83646
	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
copy is (if other than # 4 above): nature: (signature required) Bryon E. Devore pacity/Title: (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only