

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.



1. The assumed business name which the undersign business is: Evolution Med	
2. The true name(s) and <u>business</u> address(es) of the end business name: Name Name Nosemwinkel Mose	Complete Address Pine Cone Rd. cottage #1 Scow, ID 83843
3. The general type of business transacted under the all Retail Trade Transportation and Public Wholesale Trade Construction Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: (Same as above ramed) 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature. Signature. Printed Name: Hans Rosenwinkel Capacity: Producer / CEO-owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 03/31/2003 05:00 CK: 1118 CT: 158010 BH: 671862 1 8 20.00 = 20.00 ASSUM MAME # 2