



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 NOV -4 AM 9:07

Please type or print legibly.
NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

True Health

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

Name

LEONA BACON

Complete Address

P.O. Box 126 Letha Id 83636

3. The general type of business transacted under the assumed business name is:

| | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

True Health

P.O. Box 126

LETHA, ID 83636

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

695-7553

Signature: Leona Bacon
(signature required)

Printed Name: LEONA BACON

Capacity/Title: owner

(see instruction # 8 on back of form)

DS1644