## FILED/EFFECT"

## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO	02 APR 29 ANIU- 23
TO the SEURETART OF STATE, STATE OF ID-11-0	ice of adoption of and TATE
Pursuant to Section 53-504, Idaho Code, the undersigned gives not	STATE OF 19AHO
Assumed Business Name.	
·	
1. The assumed business name which the undersigned use(s) in the	transaction of
business is:	
1 1 CM Manager int	
Lung CM Management	
2. The true name(s) and business address(es) of the entity or indiv	idual(s) doing business
Name Address	[[] ][
LARRY B MCKUY 3255N3200 E Churlege L. McKuy 3255N3200 E	Twinfalls, Id 8330
0 1 1 10/1/201 22 = 51/2 200	5 Tis Glk Tel 8330/
Churicae L. 19-124 3232002	1014 14113, 2018
3. The general type of business transacted under the assumed business	ness name is:
3. The general type of dusiness transacted under the assumed basis	
Services	
See categories on the reverse	
Oct detagoined on the torono	
4. The name and address to which correspondence should be address	ressed:
1988 B MCKay 32558 3200 E Twin Falls, Id 83301	
Signed of Warray	BMCKun
5.5od <u>6/60 - 1</u>	

Submit Certificate of Assumed Business name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720

Boise ID 83720-0080

Capacity Manager

Customer #

Secretary of State use only

10AHO SECKETARY OF STATE

04/29/2002 05:00

CK: 7038 CT: 158010 BH: 462316

1 2 20.00 = 20.00 ASSUM NAME # 2

E FRIDA TRIBA HOSEN TONIE

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