

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See Instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

Health Connections

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

Lori Lish

Name

Complete Address

4922 Yellowstone Suite F

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade
 Wholesale Trade
 Services

Manufacturing
 Agriculture
 Construction

Transportation and Public Utilities
 Finance, Insurance, and Real Estate
 Mining

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

Health Connections
4922 Yellowstone Suite F
Chubbuck, Idaho 83320

Phone number (optional): 208-237-1826

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

D/J

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

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

IDAHO - 050057407 - Seal wills only

04/06/1998 09:00
CK: CASH CT: 96914 BH: 98152

10 20.00 = 20.00 ASSUM NAME

Signature: Lori Lish

Printed Name: Lori Lish

Capacity: _____

(see Instruction # 8 on back of form)

Revised 2/97

Form 50057407

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