CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. MCT 19 Airll: 11

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

STATE STATE OF IDAHO

2. The true name(s) and business address(s) business under the assumed business name Name National Association of Senior Friends	(es) of the entity or individual(s) doing ame: Complete Address One Park Plaza, Nashville, TN 37203
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Dora A. Blackwood - Legal Dept. One Park Plaza Nashville, TN 37203 5. Name and address for this acknowledgment.	on and Public Utilities 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
Copy is (if other than # 4 above): Signature: Mary M. Hooley Printed Name: Mary Ann Hodge	Secretary of State use only Secretary of State use only
Capacity/Title: Secretary & Treasurer (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 10/19/2004 05-0

1D009 - 4/11/03 C T System Online

CK: 92660 CT: 20168 BH: 771886 1 25.00 = 25.00 ASSUM NAME # 2

TOTAL P.02

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