

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



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:

Boundary Pharmacy

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

Name	Complete Address
<u>Foster Holdings Ltd</u>	<u>6519 Main St Ste 299 Bonners Ferry, Id</u>
_____	_____
_____	_____

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

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

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

Jeffrey S Foster
6519 Main St Ste 299
Bonnors Ferry, Id 83805

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/05/1998 09:00
 CK: 4101 CT: 105751 BH: 159137

1 @ 20.00 = 20.00 ASSUM NAME # 2

D19675

Signature: Jeffrey S Foster

Printed Name: Jeffrey S Foster

Capacity: President

(see instruction # 8 on back of form)

Revision 2/97

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