<b>CERTIFICATE OF</b>	<b>ASSUMED</b>	BUSINESS	NAME
-----------------------	----------------	----------	------

	and the second s	
	the SECRETARY OF STATE, STATE OF IT Pursuant to Section 53-504, Idaho Code option of an Assumed Business Name.	DAHO  e, the undersigned gives notice of
1.	The assumed business name which the und business is:  Southern Talaho	Speech Patrology
2.	The true name(s) and business address(es business under the assumed business name Name Packham	of the entity or individual(s) doing the is/are:  Address  SIN, Third Aire Suite 10/  Pocate//c To 8320/
3.	The general type of business transacted un Speech Therapy See categories on the reverse	
4.	The name and address to which correspon  Kathy Packham 4/04  Cho	dence should be addressed:  57 Ponder (Sa  Chuck ID 83202
	Signed	Hotherine Predham
	Ву	<u>`</u>
	Capacity_	OWNER
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer#
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	SJAND-SERETARY OF STATE  09/15/1997 09:00  CK: 2262 CT: 87285 BH: 38581  1 8 28.86 = 28.88 ASSUM MANE <sup>TO</sup>
		D 8047