

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 of STATE

FILED
DEC 2 10 19 AM '97
SECRETARY OF STATE
STATE OF IDAHO

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

E Health Support

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

Winston D Brown Jr

1249 Kimberley Lane

CARA Q Brown

Boise, Id 83712

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 checked="" 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: Phone number (optional): _____

E Health Support (BROWN)

1249 Kimberley Lane

Boise, Id 83712

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

Signature: Cara Q Brown

Printed Name: CARA Q BROWN

Capacity: partner

(see instruction # 8 on back of form)

Revision 2/97

g:\comforms\abn.p65

Secretary of State use only
IDAHO SECRETARY OF STATE

12/02/1997 09:00
CK: 5495 CT: 90563 BH: 60010

1 @ 20.00 = 20.00 ASSUM NAME

D 10188