

## 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.

2002 CEP 15 All 9: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Therapeutic MC 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Mining Manufacturing Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

Signature: Mane: Mane (Signature required)

Printed Name: Mane: Mane (Mane)

Capacity/Title: O(,) ner

(see instruction # 8 on back of form)

:vorpromstatin (omstatin.) Revised 07/2002

IDANO SECRETARY OF STATE

99/16/2002 05:00

CK: 1482 CT: 158818 BH: 488368
1 8 20.00 assum mane #:

D56274