

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.

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

IdaWest Health Resources

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

Joy L. PALMER

716 N. Pitt Lane Nampa, ID 83687

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



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional):

(208) 466-6621

Joy L. PALMER

716 N. Pitt Lane

Nampa, ID 83687

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:

Joy L. Palmer

Printed Name:

Joy L. PALMER

Capacity:

OWNER

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only

09/19/1997 09:00
CK: 2804 CT: 71862 SN: 40825

1 @ 20.00 = 20.00 ASSUM NAME

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