		.	
	CERTIFICATE OF ASSU (Please type or print legibly. To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, to	MED BUSINESS NAMES See instructions on reverse.)	DEE
÷ 0	To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, to gives notice of adoption of an		10: 47
1.	The assumed business name which the ubusiness is:		H9T L
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	PAULA C. PADGITT	Complete Address 4502 N. RAMSEYRD, # D. COEUR D' ALENE, ID. 83	3
		WEUK D. HIENE, ID. 83.	
3.	The general type of business transacted under the assumed business name is (mark only those that apply)		
	Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and	
4.	The name and address to which future correspondence should be addressed		
	Landy Care North West 4502 N. Ramsey Rd. #123 Coeur d´Alene, Idaho 8381 5 (208) 665-9383	Submit Certificate of Assumed Business Name and \$20.00 fe	
5.	Name and address for this acknowledgm copy is (if other than # 4 above).	700 West Jefferson	o ,
			4
		Secretary of State use of	onty:

U2/18/2000 09:00 CK: 1869 CT: 81246 BH: 291558

1 8 20.00 = 20.00 ASSUM NAME # 2

033219

Printed Name: PAULA C. PADGITT Capacity: ____

(see instruction # 8 on back of form)