

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2007 APR -9 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

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

Park Mastectomy Supply

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Park Medical Wear, Inc.

Complete Address
1187 Wooded Acres Drive, Sagle, Idaho 83860

C122530

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Stephen F. Smith, Attorney at Law, Chartered
P.O. Box C
Sandpoint, Idaho 83864

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):
(208) 263-3115

Secretary of State use only

Signature: Michael Park
(signature required)
Printed Name: Michael Park
Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/09/2007 05:00
CK: 3470 CT: 149008 BH: 1045694
1 @ 25.00 = 25.00 ASSUM NAME # 2

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