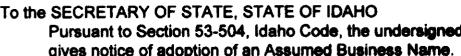
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.)



(see instruction # 8 on back of form)



 The assumed business name which the unbusiness is: New Age Health Paudu The true name(s) and business address(es 	ut5
business under the assumed business nan Name Lions	
3. The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade	Finance, Insurance, and Real Estat
	Mining Phone number (optional): 322-65-06
	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future F correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson