

# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

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:

CoA Medical Services

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	Address
<u>Barbara Calhoun</u>	<u>POB 1444 Lewiston, Id 83501</u>
<u>Connie Calhoun</u>	<u>POB 1444 Lewiston, Id 83501</u>

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

Medical Services for personal health Maintenance.

See categories on the reverse

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

CoA Medical Services  
PO Box 1444 Lewiston ID 83501

Signed Barbara Calhoun  
By Barbara Calhoun  
Capacity Owner

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/96

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IDAHO SECRETARY OF STATE  
08/14/2002 05:00  
CK: 29801552 CT: 150010 BH: 482792  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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