



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.

STATE OF IDAHO

The	Liberty House
2. The true name(s) and business address business under the assumed business in Name DME Health Management Group 26465	es) of the entity or individual(s) doing ame: Complete Address 460 Main St. South Ste. D Twin Falls, Id. 83301
3. The general type of business transacted Retail Trade Transporta	under the assumed business name is: on and Public Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: The Liberty House	Secretary of State 700 West Jefferson Basement West
PO Box 1641 Twin Falls, Idaho 83303-1641	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	nent Phone number (optional): 208-734-7730
	Secretary of State use only
nature:	1 1 / 1 7 / 2 6 3 6 5 = 6 CK: NO CK# CT: 150918 HOW CK# CT: 150918 HO

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