



# 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.**

**FILED EFFECTIVE**  
2003 SEP -5 AM 9:11

SECRETARY OF STATE  
STATE OF IDAHO

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

2 R HEALTH

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

Name

Complete Address

PATTY FRANDSEN

PO BOX 651

LAUA HOT SPRINGS, ID

83246

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

SAME AS ABOVE

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

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

Phone number (optional):

Secretary of State use only

Signature: Patty Frandsen

(signature required)

Printed Name: 2 R HEALTH

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\corp\forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
09/05/2003 05:00  
CK: 91630954056 CT: 150010 BH: 700123  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 6/86/9