



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **98 SEP 23 AM 9:00**
gives notice of adoption of an Assumed Business Name.

FILED

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

1st Prize Health

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

<u>Name</u>	<u>Complete Address</u>
<u>Linda Fredrickson</u>	<u>1408 N. Middleton Rd</u>
<u>Art Fredrickson</u>	<u>(same) Nampa ID 83651</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208 467 9909

above: see complete address

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

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

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

Signature: Linda M. Fredrickson

Printed Name: Linda M. Fredrickson

Capacity: Sole proprietor

(see instruction # 8 on back of form)

Revision 1/98

Form 1000/1000-085

Secretary of State use only
IDAHO SECRETARY OF STATE

09/23/1998 09:00
CK: 2327 CT: 94389 BH: 147562

1 P 20.00 = 20.00 ASSUM NAME # 2

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