

FILED EFFECTIVE

2011 JUN -9 AM 11:05



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.
Instructions are included on back of application.

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

Timberline 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
<u>HIS, INC.</u>	<u>P.O. Box 1107</u>
<u>C183241</u>	<u>VICTOR, Idaho</u>
	<u>83455</u>

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
 450 North 4th Street
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

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

HIS, INC.
P.O. Box 1107
VICTOR, Idaho 83455

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

Signature: Henry Southern
 Printed Name: Henry Southern
 Capacity/Title: President of HIS, INC.
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 06/09/2011 05:00
 CK: 700357 CT: 172099 BH: 1277675
 1 @ 25.00 = 25.00 ASSUM NAME # 3

2011 JUN 09 11:11 FAX 334 2282

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