	CERTIFICATE OF ASSU (Please type or print legibly. To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	MED BUS See instruction ATE OF IDAHC aho Code, the Assumed Busir	undersigned
busi	assumed business name which the u ness is: HAYDEN PROFESSIONAL PLA		e(s) in the transaction of Secretary of state State of Idano
busi	true name(s) and business address(e ness under the assumed business na <u>Name</u> ERIE BAIRD	me is/are: <u>Cor</u>	r or individual(s) doing <u>mplete Address</u> <u>CE DR., SUITED</u> <u>MAYDEN, ED</u> 83835
4. The		ng 🗌 Tra	nsportation and Public Utilities ance, Insurance, and Real Estate ning r (optional):
<u>Нау</u> 21 С <u>Нау</u> 5. Nam	espondence should be addressed: <u>DEN PROFESSIONAL PLAZA</u> <u>CommERCE DR, SUITED</u> <u>IDEN, ID 83835</u> ne and address for this acknowledgme is (if other than #4 above):	ent	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
	Alere Darie ne: <u>VALERIE BAIRD</u> <u>IN OFFICE CONDO OWNER</u> (see instruction # 8 on back of form)	corptionms/atrn.p65 Revision 12/99	Secretaria of State use only IMANU SECRETARY OF STATE 03/28/2000 09:00 CK: 3384 CT: 123814 BH: 303103 18 20.08 = 20.08 ASSUM NAME # 2 D 34355

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