(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

04 NOV -5 AM 11: 55

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

	business is:	Analysts	5	
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	
	Acordia of Texas, Inc.	24 Gree	enway Plaza Suite 1100	
		Houston	n, TX 77046	
	C 155264	+		
4.	The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Corporation Service Company			
5	1401 Shoreline Drive Suite 2 Boise, ID 83702		Boise ID 83720-0080 208 334-2301	
J.	Name and address for this acknowledgme copy is (if other than # 4 above):	nı	Phone number (optional):	
			Secretary of State use only	
Signatu	ure: Sand M. Jean	corpilormstabn formstabn.p65 Revised 04/2003	OSICOTO	
rinted	Name: Robert M. Greco	formstabn form: Revised 64/2003	IDAHO SECRETARY OF STATE 11/05/2004 05:00 CK: 33322 CT: 19577 BH: 775283	
Japaci	apacity/Title:Secretary		1 @ 25.00 = 25.00 ASSUM NAME # 3	