CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

97 AUG 18 11:09 STATE OF IDAHO

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

   Tri-State Mobile Medical Repair - Emsar © Boise

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

Name	Address
Joe R. Correia	3505 W. Idaho Blvd.
	Emmett, Id. 83617

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

   9, 7

   See categories on the reverse

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

   Tri-State Mobil Medical

   3505 W. Idaho Blvd. Emmett, Id. 83617.

Signed Lynda M. Correia

By Lynda M. CORREIA

Capacity Wife - co-owner

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
08/18/1997 09:00
CK: 2675 CT: 85908 BH: 30536
1 @ 20.00 = 20.00 ASSUM NAME

D 7353

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