FILED/EFFTOT

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on other page.)

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.

	es) of the entity or	individual(s) doing business under the assume
business name is/are: Name		Complete Address
Galen J. Staley	5440 Sou 83406	th Marbrisa Lane, Idaho Falls, Idaho
Craig A. Burtenshaw	200 North 83401	Woodruff Avenue, Idaho Falls, Idaho
Wholesale Trade Ag	under the assume inufacturing riculture nstruction	Transportation and Public Utilities Finance, Insurance, & Real Estate Mining
I. The name and address to which future correspondence should be addressed: Family Dental Health Center 200 North Woodruff Avenue Idaho Falls, ID 83401		Phone number (optional): Submit Certificate of Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgement copy is (if other than #4 above): Wells Fargo Bank Northwest, National Association BBG-BOISE LOAN OPERATIONS CENTER PO BOX 8203 (MAC #U1851-015) BOISE ID 83707-2203		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature:

Printed Name:

Capacity:

(see instruction #8 on other sheet)

IDAHO SECRETARY OF STATE

10/22/2002 05:00

CK: 12381 CT: 148152 BH: 641915
1 0 20.00 = 20.00 ASSUM NAME # 2