(see instruction # 8 on back of form)

FILED/EFFECTIVE

<u> </u>	
CERTIFICATE OF ASSUMED BUSINESS	A I A B 25
	IVAIVIE
	1 47 (141
(Please type or print legible. Can instruction	

(Flease type of philit legibly. S	ee instructions on reverse.)	
To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	no Code, the undersigned 7 // 23 /// 106 sumed Business Name(%)	
The assumed business name which the un-	dersigned use(s) in the transaction of	
business is:		
ProPractice	. Com	
The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing ne is/are:	
Name Java es re	Complete Address	
Boyle Enterprises 6924 W. Cotchavenlas		
((135550)	BoiSc 2D 83704	
 The general type of business transacted un (mark only those that apply) 	der the assumed business name is:	
Retail Trade Manufacturing Wholesale Trade Agriculture	Finance, Insurance, and Real Estate	
Services	Mining	
4. The name and address to which future Pi	none number (optional):	
correspondence should be addressed:	Torio Tramber (optional).	
Jeff Boule		
10011 111 011	Submit Certificate of	
6129 W. Colehaven In.	Assumed Business Name and \$20.00 fee to:	
Boise, ID 83704	11ams and \$20.00 100 to.	
0012,42 80101	Secretary of State	
5. Name and address for this acknowledgment	700 West Jefferson Basement West	
COPy is (if other than # 4 above):	PO Box 83720	
	Boise ID 83720-0080	
Same	208 334-2301	
	Secretary of State use only	
Signature: Angela Boyle	IDAHO SECRETARY OF STATE 12/04/2000 09:00 CK: 1118 CT: 139222 BH: 364487	
Printed Name: Angela Boyle	1 @ 20.88 = 28.86 ASSUM HAME # 3	
Capacity: CFO	Sed udebn (Sed and American Sed and Amer	
Capacity		

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