

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 SEP 23 PM 2: 31

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: Affordable Health	psyrance of blaho
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Grea (eatherman)	Complete Address 764 S. Waterton Ave Eagle, 1D 83616
3. The general type of business transacted under the assumed business name is:	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
· · · · · · · · · · · · · · · · · · ·	Secretary of State use only
Signature: (signature required) Printed Name: (Hea leatherman) Capacity/Title: Owner Agun	IDAHO SECRETARY OF STATE 9/23/2005 05:00 CK: 619413 CT: 172899 RH: 913366 1 9 25.88 = 25.88 ASSUM NAME # 3