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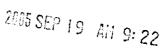
## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



SECRETARY OF STATE STATE OF BUSIN

The assumed business name which the undersigned business is:  Angels flome Care	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elebusiness under the assumed business name:  Name  Success Enserprises Inc. 29  (C138380)  Rich	Complete Address  W 157 South  J 69 , 10 63448
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sandra Woolstenhume Success Enterprises Inc.  390 W 151 South Right ID 6344	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only
Signature: Signature required)  Printed Name: Sandra Noolstenhulme  Capacity/Title: Director / President	IDAHO SECRETARY OF STATE <b>69/20/2005 05:00</b> CK: 3087 CT: 158010 BH: 912475 1 0 25.00 = 25.00 ASSUM NAME # 2