27		FILED EFFECTIVE
of the second	CERTIFICATE OF	F
	ASSUMED BUSINESS	S NAME 2012 JUL 24 PE 2:41
	Pursuant to Section 53-504, Idaho Code, ti submits for filing a certificate of Assumed I	
	Please type or print legibly.	STATE OF DAHD
	Instructions are included on back of app	
	e assumed business name which the ur siness is:	
	RSN	SM Health
	e true name(s) and <u>business</u> address(e siness under the assumed business nar	ame:
	Name	Complete Address
	hristopher Cushing	10212 W. Capella Dr. Star, ID 83669
Re	achel Cushing	10212 W. Capella Dr. Star, ID 83669
	e general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	on and Public Utilities n Submit Certificate of
	Finance, Insurance, and Real Estate	Assumed Business te Name and \$25.00 fee to:
COR RS PO	e name and address to which future respondence should be addressed: M Health BOX 727 ar, ID 83669	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Na	me and address for this acknowledgme.	ent
cor 	DY ÌS (if other than # 4 above).	
	lame: Christopher Cushing	Secretary of State use only
•	The Owner Anther Anther	-
Signature		•
	ame: Rachel Cushing	
Capacity/	Title:	IDAHO SECRETARY OF STATE
	abn.pmd Rev. 07.	CK: 1073541 CF: 172099 BH: 1333277
		1 2 25.00 = 25.00 ASSUM NAME # 2
		D157060-