

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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.

The assumed business name which the undersigned use(s) in the transaction of
business is:

Medstar Home Medical

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
Home Medical & More, L.L.C.	2615 N 4th St., Ste. 527
	Coeur d'Alene ID 83815

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future
correspondence should be addressed:

David Westover
2615 N 4th St., Ste. 527
Coeur d'Alene ID 83815

5. Name and address for this acknowledgment
copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301
TWO SECRETARY OF STATE

Signature

Printed Name: David Westover

Capacity: Manager

(see instruction # 2 on back of form)

10/04/1999 09:00
CK: 442 01130373 DFF 235183

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 29719