	CERTIFICATE OF ASSUM (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.) 99 MAR SEC.
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idates gives notice of adoption of an Assertation and Assertation (1997).	ho Code, the undersigned Share 4910:42
1.	The assumed business name which the unbusiness is:  HEALTH PRO ()	,
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>	Complete Address
	3	411 Cantle Ave. Filer ID 83308
	Jonya Van lassell	SAME
3.	The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
	<ul> <li>□ Retail Trade</li> <li>□ Manufacturing</li> <li>□ Agriculture</li> <li>□ Services</li> <li>□ Construction</li> </ul>	Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): <u>208-326-723</u> 7
	Marty Van Tassell 411 Cantle Ave.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Filer 10 83328	Secretary of State
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	700 West Jefferson
		Secretary of State use only  IDAHO SECRETARY OF STATE
Signati	ire: Marty Van Tassell	03/01/1999 09:00 CK: 969 CT: 111718 BH: 192183
		1 8 20.00 = 20.00 ASSUM NAME # 2
rinted Capaci	Name: Marty Van Tasse 11 ty: President	D 23592
•	(see instruction # 8 on back of form)	ribito