

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



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

HOME MEDICAL OF Montana

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

W5394

Name	Complete Address
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
IDaho SECRETARY OF STATE

01/13/1999 09:00
CK: 3382 CT: 105705 PH: 170413
1 @ 20.00 = 20.00 ASSUM NAME # 5

Signature

[Handwritten Signature]

Printed Name: David Westover

Capacity: Manager

(see instruction # 8 on back of form)

Revision 2/97

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