

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

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

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:

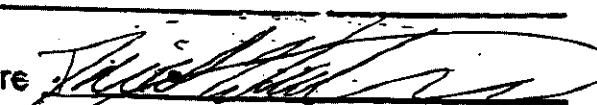
David Westover2615 N 4th St., Ste. 527Coeur d'Alene ID 83815

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

01/13/1999 09:00
CX: 3302 CT: 105745 PH: 178413

10 28.00 = 28.00 ASSUM NAME # 5

Signature Printed Name: David WestoverCapacity: Manager

(see instruction # 8 on back of form)

D22071