

Capacity/Title: Owner

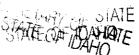
(see instruction # % on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idano Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 MAR 29 PM 2: 24

Please type or print legibly.
NOTE: See instructions on reverse before filing.



business under the assumed business nam) of the entity or individual(s) doing le:
Name T T T ()	Complete Address
IngelogEdstrom	309/2 S. Main Street
. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Health Works	PO Box 83720
309 1/2 S. Main St	Boise ID 83720-0080 208 334-2301
Hailey, ID 83333	
5. Name and address for this acknowledgmer	nt Phone number (optional):
GCDY IS (if other than # 4 above).	-

IDANO SECRETARY OF STATE
93/39/2004 95:00
CK: 2843 CT: 158018 BH: 736222
1 @ 25.00 = 25.00 ASSUM NAME # 2

D74696