## CERTIFICATE OF ASSUMED BUSINESS THED (Please type or print legibly. See instructions on reverse FILED

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:		
	BROWNFIELD'S PROSTHETIC AND ORTH	OTIC TECHNOLOGIES	
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> </u>	nplete Address h 5th Street	
	Boise, I	D 83702 .	
3.	The general type of business transacted under the assu (mark only those that apply)	med business name is:	
	☐ Wholesale Trade ☐ Agriculture ☐ Fin	insportation and Public Utilities ance, Insurance, and Real Estate hing	
4.	The name and address to which future Phone numbe correspondence should be addressed:	r (optional):	
	Barrett Jones, President BROWNFIELD'S, INC.	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):  Judson B. Montgomery	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
	GIVENS/PURSLEY LLP	208 334-2301	

12/64/1998 09:00 CK: 22498 CT: 1626 BH: 167427

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Signature:

Barrett Jones Printed Name:

President Capacity:

(see instruction # 8 on back of form)