CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

CERTIFICATE OF	
ASSUMED BUSINESS	S NAME the undersigned Business Name. SECRETAR STATE STA
Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed In Please type or print legibly. NOTE: See instructions on reverse before 1. The assumed business name which the unbusiness is:	Business Name.
submits for filing a certificate of Assamos	E
Please type or print legistry.	ore filing.
NOTE: See manualism	fore filing.
The assumed business name which the ur	indersigned use(s) in the transaction
business is:	*
Wome	nen&Cancer
	as) of the entity or individual(s) doing
2. The true name(s) and business address(e	as) of the cliff of man
business under the assumed business	Complete Address
Name	411 Sixth Street, Ground Level, Ketchum, ID 83340
OncoInteractive, Inc.	
0166 499	
3. The general type of business transacted	under the assumed business name is:
3. The general type of business trans-	. D. Lie Litilities
	tion and Public Utilities
Wholesale Trade Construction	_
✓ Services Agriculture	e Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Esta	ate
Finance, insurance, and the future	Secretary or orace
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West PO Box 83720
Charles H. Weaver, M.D.	Boise ID 83720-0080
P. O. Box 724	208 334-2301
Ketchum, ID 83340	
	Phone number (optional):
5. Name and address for this acknowled	
copy is (if other than # 4 above):	
Donna Campbell	Secretary of State use only
100 Peabody Place, Suite 900	
Memphis, TN 38103	9d t
<u> </u>	IDAHO SECRETARY OF STATE OF 1200 BH: 95
Signature:	Umo Secretary of State
Printed Name: Charles H. Weaver, M.D.	IDANO SECRETARY OF STATE
Capacity/Title: Chief Executive Officer & Presider	ent 10AHO SECRETOR 05 1 1 04/27/2-173846 11: 95
Capacity/Title: Office 2x35331	CK: 11281 CT: 25.80 ASSUM NA
(see instruction # 0 of 224)	