

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.

98 SEP 21 1998
SECRETARY OF STATE
STATE OF IDAHO

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

Audiology and Hearing Aid Center

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

Cynthia K. Olsen MEd CCA-A 13352 W. Bluebonnet Dr
Boise, ID 83713

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:

Cynthia K. Olsen
13352 W. Bluebonnet Dr
Boise, ID 83713

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

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

Signature: Cynthia K. Olsen

Printed Name: Cynthia K. Olsen

Capacity: owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

09/24/1998 09:00
CK: 2514377527 CT: 184448 BH: 147915

1 @ 20.00 = 20.00 ASSUM NAME # 2

#D18529

Revision 2/97

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