



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Midnight Oximetry

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

Name

Complete Address

Corey Shawn Clum

P.O. Box 54 Moyie Springs, ID. 83845

Connie Sue Clum

P.O. Box 54 Moyie Springs, ID. 83845

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Midnight Oximetry

P.O. Box 54 Moyie Springs, ID. 83845

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

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

Phone number (optional):

Signature: C. Shawn Clum

(signature required)

Printed Name: C. Shawn Clum

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 09/2002

IDAH0 SECRETARY OF STATE
11/27/2002 05:00
CK: 846 CT: 163126 BH: 648439
1 @ 20.00 = 20.00 ASSUM NAME # 2

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