



CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 NOV -7 PM 4:55

SECRETARY OF STATE
STATE OF IDAHO

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:

Pioneer Health Resources

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

ACES, Inc.

9297 N. Government Way

(C169798)

Hayden, ID 83835

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Michelle Woods

9297 N. Government Way

Hayden, ID 83835

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-344-5800

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

Ken Nyman

250 South 5th, Suite 700

Boise, ID 83702

Signature: _____

(signature required)

Printed Name: _____

Ken Nyman

Capacity/Title: _____

Attorney for ACES, Inc.

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/08/2006 05:00
CK: CASH CT: 102729 BH: 1012309
1 @ 25.00 = 25.00 ASSUM NAME # 2

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