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

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.	
The assumed business name which the un business is:	`
Express Lab	
The true name(s) and business address(es business under the assumed business name)	
<u>Name</u>	Complete Address
Endocrine Diagnostic Laboratory LLC 2	2220 E 25th, Idaho Falls, ID 83404
(W 9391)	
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	9 Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future P correspondence should be addressed: Endocrine Diagnostic Laboratory LLC c/o John E. Liljenquist, MD	Submit Certificate of
2220 E 25th Street	Assumed Business Name and <b>\$20.00</b> fee to:
Idaho Falls, ID 83404	
5. Name and address for this acknowledgmer COPY is (if other than # 4 above):  Beard St. Clair Gaffney McNamara PA ATTN: Winston V. Beard	Secretary of State 700 West Jefferson  Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
2105 Coronado Street	Secretary of State use only
Idaho Falls, ID 83404	- T
Signature:	15 SI 6 27
Printed Name: John E. Liljenquist, MD	IDAHO SECRETARY OF STATE
Capacity: Manager	01/31/2002 05:00 CK: 7757 CT: 1681 BH: 443372

1 8 20.00 = 20.00 ASSUN NAME # 2

(see instruction # 8 on back of form)