



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO *May 12* *1 52 PM '98*

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Health Solutions

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

<u>Name</u>	<u>Complete Address</u>
<i>Barry K. Florez</i>	<i>1333 W. Gander Drive, Meridian, Id. 83642</i>
<i>Frances L. Florez</i>	<i>1333 W. Gander Drive, Meridian, Id. 83642</i>

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 checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Barry K. Florez
1333 W. Gander Drive
Meridian, Idaho 83642

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

Signature: *Barry K. Florez*

Printed Name: *Barry K. Florez*

Capacity: *Owner*

(see instruction # 8 on back of form)

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

Secretary of State use only
IDAH SECRETARY OF STATE

05/12/1998 09:00
CK: 3583 CT: 90608 IN: 109952

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 1/98

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