

Capacity/Title: CED

CERTIFICATE OF ASSUMED BUSINESS NAME

97			2007 JUL 20	Ad a co
	CERTIFICATE OF		SECTION 1	1
	ASSUMED BUSINESS NAM Pursuant to Section 53-504. Idaho Code, the under submits for filing a certificate of Assumed Business	signed	STATE	
J	Please type or print legibly. NOTE: See instructions on reverse before filing			
	assumed business name which the undersigned iness is:	ed use(s) in the transaction	on of	! : :
	The Cancer Store	e		ļ
	true name(s) and business address(es) of the iness under the assumed business name: Name Omni Health Media LLC	entity or individual(s) doi Complete Address 491 N Main St, Suite 200		
 3. The <u></u> ∠	general type of business transacted under the		e is:	: : : : !
	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee	∍ to;	
COTT OI P	e name and address to which future respondence should be addressed: mni Health Media LLC O Box 724 etchum, ID 83340	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301)	
5. N a	ame and address for this acknowledgment py is (#other than # 4 above):	Phone number (option 208-727-6880	 nal):	
P	O Box 724 etchum, ID 83340	Secretary of State u	ise only	li
Signature:	15 S			
Printed Na	Togranie required			

IDAHO SECRETARY OF STATE

07/20/2007 05:00

CK: 1487 CT: 215616 BH: 1066598

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