



**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.**

**FILED EFFECTIVE  
09 MAY -4 AM 8:45**

SECRETARY OF STATE  
STATE OF IDAHO

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

## **Aunt B's Nursing Care**

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**

**Bobbi Jo Boynton**

106 Broadway Place Salmon, ID 83467

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:

106 Broadway Place Salmon, ID 83467

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

**Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080**

**(208) 334-2301**

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

Secretary of State use only

Signature: Bobbie J. Dugay

Printed Name: Bobbi Jo Boynton

Capacity/Title: **Owner**

(see instruction #8 on back of form)

गोप्यम् विद्युत्प्रकाशनम्

105/05/2009 05:00  
CK: 6727 CT: 150018 DH: 1160961  
1 0 25.00 = 25.00 ASSUM NAME # 2

D130426