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CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2004 JUN -4 P 2: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

CLERK OF STATE
STATE OF IDAHO

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

Prescription Assistance Service

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

Suzanne Benkert

P.O. Box 8 Middlem Id

83644

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 | |

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

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

Prescription Assistance Service

S. Benkert

P.O. Box 864

Middlem Id 83644

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

Phone number (optional):

208 467 3368

Secretary of State use only

Signature: Suzanne Benkert

(signature required)

Printed Name: Suzanne Benkert

Capacity/Title: owner

(see instruction # 5 on back of form)

C:\temp\idstate\form\assumed-biz.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
06/04/2004 05:00
CK: 684110811764KAW CT: 172099 DH: 748726
1 @ 25.00 = 25.00 ASSUM NAME # 2

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