

CERTIFICATE OF ASSUMED BUSINESS NAME Title 30, Chapter 21, Part 8, Idaho Code.

FILED EFFECTIVE

2016 OCT 28 PM 3: 43

Filing fee: \$25.00.

SECRETARY OF STATE STATE OF IDAHO

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

Fire	Medical	Transport

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Confort	at Home care LLC	210 North	Shirttail way	Blanding, UT
(Name) (Address)				84511
(Name)	(Address)			
(Name)	(Address)			<u>. </u>
(Name)	(Address)			

3. The general type of business transacted under the assumed business name is:

83113

Rev 08/2015

Retail Trade	Construction
Wholesale Trade	Agriculture
	Manufacturing

(State)

Transportation and Public Utilities Mining

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Name) Name) 13691 W Annabrook Dr.

Jerenny Rice

Signature:

Printed Name: _____

Signature:

Boisc

Printed Name:

Signature:

Printed Name:

5. Name and address for this acknowledgment COPY IS (if other than # 4): (Name) (Address)

(City)

(State) (Zipcode)

Secretary of State use only

IDAHO SECRETARY OF STATE 10/28/2016 05:00 CK:4317510 CT:172099 BH:1552884 10 25.00 = 25.00 ASSUM NAME #2

D190073