

227

# 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**

2003 DEC 10 AM 9:07

CLERK OF STATE  
STATE OF IDAHO

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

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

Name

Ginger L. Myers

Complete Address

P.O. Box 88  
508 Agency Creek Rd  
Tendoy, ID 83468

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

Retail Trade

Transportation and Public Utilities

Wholesale Trade

Construction

Services

Agriculture

Manufacturing

Mining

Finance, Insurance, and Real Estate

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

4. The name and address to which future correspondence should be addressed:  
Legal Nurse Consultants Northwest  
Ginger L. Myers RN CLNC  
P.O. Box 88  
Tendoy, ID 83468

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

(208) 756-4617

Secretary of State use only

Signature:

Ginger L. Myers  
(signature required)

Printed Name:

Ginger L. Myers

Capacity/Title:

Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
12/10/2003 05:00  
CK: 2003 CT: 150010 BH: 715000  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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