

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **FILED** **APR 29** **AM 9:09**  
gives notice of adoption of an Assumed Business Name.

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

Home IV Services & Medical Supplies

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

Name

Complete Address

K2RED, LLC

526 K Shoup Ave. West

Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services     | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

526 L Shoup Ave West  
TF ID 83301

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

D.L. Evans Bank  
Attn: Patti  
P.O. Box 87  
Twin Falls, ID 83303

Signature: Daniel S. Fuchs

Printed Name: Daniel S. Fuchs

Capacity: Member

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/29/1998 09:00  
CK: 968756 CT: 24005 BH: 77352

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97

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