

## CERTIFICATE OF ASSUMED BUSINESS NAME

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



FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned, 129 ~~ATT 9-6~~, gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned uses(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:

<u>Name</u>	<u>Complete Address</u>
<u>K2RED, LLC</u>	<u>526 K Shoup Ave. West</u>
	<u>Twin Falls, ID 83301</u>

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:

526 K Shoup Ave West  
Twin Falls, ID 83301

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/29/1998 09:00  
CK: 960756 CT: 24005 BH: 77352

10 20.00 = 20.00 ASSUM NAME

D 11624

Signature: Daniel S. FuchsPrinted Name: Daniel S. FuchsCapacity: Member

(see instruction # 8 on back of form)

Revision  
10/01/97  
Form 100  
10/01/97