



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 AUG 22 AM 8: 57

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Home and Away Medical Transport

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

William Hathaway

1421 W. Poleline Ave. Post Falls ID 83854

Ute Hathaway

Same as above

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

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

William Hathaway

1421 W. Poleline Ave.

Post Falls, ID 83854

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

Signature: [Signature]

208-204-0153

Printed Name: William Hathaway

Capacity/Title: Owner

Signature: _____

Printed Name: Ute Hathaway

Capacity/Title: Co-Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
08/22/2013 05:00
CK: 175 CT: 286688 BH: 1387834
1 @ 25.00 = 25.00 ASSUM NAME # 2

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