

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

2017 AUG 23 PM 2:07

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business na	•	gned	use(s) in the t	transaction of busines	ss is:
WEISER CARE OF CAS	SCADIA				
2. The individual and/or entity the assumed business na WEISER OF CASCADIA, LI	me (do <u>not</u> include the nai	me yo	u listed in #1):	-	nder
(Name)	(Address)				···········
(Name)	(Address)				
(Name)	(Address)		·		· · · · · · · · · · · · · · · · · · ·
3. The general type of busine	ess transacted under the	he as			l Hillitian
☐ Wholesale Trade ☐ Services	Agriculture Manufacturing	9	Minin	portation and Public I g ce, Insurance, and R	
4. Mailing address for future	correspondence:	5.	Name and a	ddress for this acknown than #4):	wledgment
WEISER OF CASCADIA	A, LLC				
(Name) 408 S EAGLE RD STE	205		(Name)		
(Address) EAGLE, ID 83616			(Address)		
(City)	(State) (Zipcode)		(City)	(State)	(Zipcode)
Printed Name: Steve LaForte		[Secretary of State use only		
Signature:	A				
Printed Name:			IDAHO SECRETARY OF STATE		
Signature:			08/23/2017 05:00 CK:PREPAID CT:221028 BH:1599550		
Printed Name:				5.00 = 25.00 AS	
Signature:			DI	96550	