

## **CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 14 OCT - 1 AM 8: 53

## Please type or print legibly. Instructions are included on back of application.

Beckett Health Services	
<ol><li>The true name(s) and <u>business</u> as business under the assumed business</li></ol>	ddress(es) of the entity or individual(s) doing iness name:
<u>Name</u>	Complete Address
Paul Beckett	1177 October Cove, Shelley, ID 83274
Melissa Beckett	
Retail Trade Tran Wholesale Trade Con	esacted under the assumed business name is: esportation and Public Utilities
Services	I Assumed Business I
The name and address to which f correspondence should be addressed.      Paul & Melissa Beckett	Secretary or State
1177 October Cove	208 334-2301
Shelley, ID 83274  5. Name and address for this acknown copy is (if other than # 4 above):	wledgment
Signature: Corl Buhn	Secretary of State use only
Printed Name: Paul L Beckett	
capacity/Title: President	
- / / 0	
ignature: Molissa L Baskett	
rinted Name: Melissa J Beckett	IDAHO SECRETARY OF S

CK:2744 CT:158010 BH:1443551 1@ 25.00 = 25.00 ASSUM NAME #2

10/01/2014 05:00

Capacity/Title: Vice President