



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 55-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

11 JUN 17 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned uses in transaction of business is:

Americare Emergency Resources Center

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

Dominique Di Giorgio

884 Ponderosa Road

Sagle, Idaho 83860

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

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☒ Wholesale Trade | ☐ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

Dominique Di Giorgio

P.O. Box 1357

Sagle, Idaho 83860

Submit Certificate of
Assumed Business
Name and \$25.00 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):

Phone number (optional):
(208) 610-8062

Signature: Dominique Di Giorgio

Printed Name: Dominique Di Giorgio

Capacity/Title: (Owner)

(See instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
06/17/2011 05:00
CK: 599614523 CT: 259928 BH: 1278994
1 @ 25.00 = 25.00 ASSUM NAME # 2

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