

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2013 OCT -1 AM 8: 52

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.

2. The true name(s) and business add	dress(es) of the entity or individual(s) doing
business under the assumed busin	ess name:
<u>Name</u>	Complete Address
Palouse Area Care & Transport, Inc.	111 N. Washington St. #3 Moscow, ID 8384
(C199538)	
3. The general type of business transa	acted under the assumed business name is:
	portation and Public Utilities
	ruction
Services Agricu	
☐ Manufacturing ☐ Mining	Assumed Rusiness
☐ Finance, Insurance, and Real	Estate Name and \$25.00 fee to:
4. The name and address to which fut	
correspondence should be address	ed: 450 North 4th Street
Palouse Area Care & Transport, Inc.	PO Box 83720
111 N. Washington St. #3	Boise ID 83720-0080 208 334-2301
Moscow, ID 83843	200 334-2301
5. Name and address for this acknowle	edgment
COPY IS (if other than # 4 above).	
	
111-	Secretary of State use only
nature:	
nted Name troy Zakariasen	
pacity/Title: Administrator	
nature:	TRAIN OFFI
nted Name:	IDAHO SECRETARY OF 10/01/2013 (CK: 1788 CT: 288116 B
pacity/Title·	

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