



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

2005 JUL 27 AM 8:46

**FILED EFFECTIVE**

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

Circle of Life Family Health Care

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

Helene Poulos Edmo

P. O. Box 814, Pocatello, ID 83204-0814

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" 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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Helene Poulos Edmo, FNP-C

P. O. Box 814

Pocatello, ID 83204-0814

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

Phone number (optional):

Signature:

*Helene Poulos Edmo*

Printed Name:

*Helene Poulos Edmo*

*7/5/05*

g:\wpforms\statelaw\forms\statelaw.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
07/27/2005 05:00  
CK: 4121 CT: 150010 BH: 023499  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D90074