



# 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.

08 SEP 10 PM 2:05

SECRETARY OF STATE  
STATE OF IDAHO

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

The Wealth Care Group

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Marc Castor  
Reve Perez

Complete Address

P.O. Box 244, Marsing, ID 83639  
P.O. Box 244, Marsing, ID 83639

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	

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

The Wealth Care Group  
P.O. Box 244  
Marsing, ID 83639

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: M. Castor  
(signature required)

Printed Name: Marc Castor

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
09/10/2008 05:00  
CX: CASH CT: 158018 BH: 1135272  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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