227

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: $25.00.

FILED EFFECTIVE

2018 APR -3 AM 9:33

SECRETARY OF STATE
STATE OF IDAHO

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

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):
   Pharmaceutical (Name) 13660 California Street, Omaha NE 68154 (Address)
   Technologies, Inc. C 200620 (Name) (Address)
   (Name) (Address)
   (Name) (Address)

3. The general type of business transacted under the assumed business name is:
   - ☐ Retail Trade
   - ☐ Wholesale Trade
   - ☒ Services
   - ☐ Construction
   - ☐ Agriculture
   - ☐ Manufacturing
   - ☐ Transportation and Public Utilities
   - ☐ Mining
   - ☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:
   Julia Black (Name)
   4100 S. Saginaw Street (Address)
   Flint, MI 48507 (City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):
   Joel Saban (Name)
   13660 California Street (Address)
   Flint MI 48507 (City) (State) (Zipcode)

Printed Name: Joel Saban
Signature:
Printed Name:
Signature:
Printed Name:
Signature:

Rev. 09/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
04/03/2018 05:00
CK:17254292 CT:172099 BH:1635995
1@ 25.00 = 25.00 ASSUM NAME #2

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