



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.

FILED/EFFECTIVE
2007 JUL 18 AM 8:55
SECRETARY OF STATE
STATE OF IDAHO

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

NORTHWEST LEGAL NURSE SERVICES

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
<u>Donna Calderwood</u>	<u>PO Box 364 POST FALLS ID 83877</u>
_____	_____
_____	_____

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:

Donna Calderwood
307 W. 19th Ave
Post Falls ID 83854

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional): _____

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

Signature: Donna Calderwood
(signature required)

Printed Name: Donna Calderwood

Capacity/Title: owner
(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
07/18/2002 05:00
CK: 5093 CT: 150010 BH: 477787
1 @ 20.00 = 20.00 ASSUM NAME # 2

DS6593