



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.
Instructions are included on back of application.

FILED EFFECTIVE

2013 MAR 19 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

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

CareLink Transportation

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

Allison Carter

5964 S. Olmstead Ave Boise ID 83709

Cole Clifford

977 W. Cagney Dr. Meridian ID 83646

Hannah Anderson

310 Wythburn Kuna ID 83634

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

- ☐ Retail Trade ☒ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Cole Clifford

977 W. Cagney Dr. Meridian ID 83646

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

Signature: _____

Printed Name: Allison Carter

Capacity/Title: CEO

Signature: _____

Printed Name: Cole Clifford

Capacity/Title: COO

Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2013 05:00
CK: 1334 CI: 253831 BH: 1365288
1 @ 25.00 = 25.00 ASSUM NAME # 2

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