



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2013 OCT -4 AM 8:57

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.

SECRETARY OF STATE
STATE OF IDAHO

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

Med-Equip

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

<u>Name</u>	<u>Complete Address</u>
<u>Hayley Jensen</u>	<u>395 N. 460 W. Blackfoot ID 83221</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:

Med-Equip
P.O. Box 1128
Blackfoot, ID 83221

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

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

Same

Secretary of State use only

Signature: Hayley Jensen

Printed Name: Hayley Jensen

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDaho SECRETARY OF STATE
10/04/2013 05:00
 CK: 1207 CT: 288259 BH: 1392839
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D166200