



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

06 SEP 21 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

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

med supply express

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

Name

karla hanson

Complete Address

1713 E Iowa nampa ID 83686

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

1713 E Iowa Nampa ID 83686

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

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

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

Phone number (optional):

Signature: Karla Hanson
(signature required)

Printed Name: Karla Hanson

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Secretary of State use only

IDaho SECRETARY OF STATE
09/21/2006 05:00
CK: 4835 CT: 158010 BH: 976211
1 # 25.00 = 25.00 ASSUM NAME # 2

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