



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JAN 17 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

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

My Care Companions

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):

Wray Enterprises, LLC 5707 W. Hidden Springs Drive Boise, ID 83714

(Name) (Address)

(W65933)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

My Care Companions / Darra Wray

(Name)

5707 W. Hidden Springs Drive

(Address)

Boise, ID 83714

(City)

(State)

(Zipcode)

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

My Care Companions / Darra Wray

(Name)

5707 W. Hidden Springs Drive

(Address)

Boise, ID 83714

(City)

(State)

(Zipcode)

Printed Name: Darra N. Wray

Signature: *Darra N. Wray*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/17/2018 05:00

CK:11537 CT:216730 BH:1621611

1@ 25.00 = 25.00 ASSUM NAME #2

D199589