



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 JUL 30 AM 11:35

SECRETARY OF STATE  
STATE OF IDAHO

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

Pith Medical

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):

Sean McDonald

(Name)

210 N 6th Street

(Address)

Boise

(City)

ID 83702

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Sean McDonald

(Name)

210 N 6th Street

(Address)

Boise

(City)

ID 83702

(State)

(Zipcode)

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

Sean McDonald

(Name)

210 N 6th Street

(Address)

Boise

(City)

ID 83702

(State)

(Zipcode)

Printed Name: Sean McDonald

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/30/2015 05:00

CK: 3073176 CT: 172099 RH: 1485991

1@ 25.00 = 25.00 ASSUM NAME #3

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