

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



1.	The assumed business name which the undersigned use(s) in the transaction of business is: Total Care Home Solutions 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):				
2.					
	Teela Vaudrin	2215 W Kootenai St Boise ID 83705			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade Wholesale Trade Services	Construction Agriculture Manufacturing	☐ Minin	portation and Public U ig ce, Insurance, and Re	
4.	Mailing address for future Teela Vaudrin	correspondence:	5. Name and a copy is (if other	ddress for this acknow r than #4):	vledgment
	(Name) 2215 W Kooentai St		(Name)		
	(Address) Boise ID 83705		(Address)		
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)
Pri	nted Name: Teela Vaudrin		;	Secretary of State use only	
Sig	gnature: Juli	Mr			•
Pr	inted Name:	IDAHO SECRETARY OF STATE 02/22/2018 05:00			
Signature:			CK:CASH CT:158010 BH:1628210 16 25.00 = 25.00 ASSUM NAME #2		
Pri	nted Name:				
	gnature:			D200580	
		Rev. 08/2015		D700980	