

Printed Name
Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 11AY -8 PM 2: 30

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

|    | The assumed business name which the under business is:  Anker Medicabride  | rsigned use(s) in the transaction of  |
|----|--|---|
|    | The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Name  Necles   Reese  |   |
| 3. | The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:                |
|    | The name and address to which future correspondence should be addressed:  Kimbe(lex Creese  3313 N. Tylevson AJE  Boise 30, 83713  | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301   |
|    | Name and address for this acknowledgment copy is (if other than # 4 above):  |   |
|    | d Name: Kimberle Reese<br>bity/Title: Owner  | Secretary of State use only  IDAHO SECRETARY OF STATE  05/08/2014 05:00  CK:CASH CT:158010 BH:1423932  16 25.00 = 25.00 ASSUM NAME #2 |

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