



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

SEP-6 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

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

Gem State Legal Nurse Consulting

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

Name Suzanne L. Jones, RN, CLNC Complete Address 224 Adams Twin Falls ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Sue Jones
224 Adams
Twin Falls ID 83301

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

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

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

Secretary of State use only

Signature: Suzanne L. Jones RN CLNC

Printed Name: Suzanne L. Jones, RN, CLNC

Capacity: owner - president

(see instruction # 8 on back of form)

Revision 12/98

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IDAHO SECRETARY OF STATE
09/06/2001 05:00
CK: 1016 CT: 150952 BH: 417747
10 20.00 = 20.00 ASSUM NAME # 2

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