FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

	(Please type or print legibly. See instruction	ins on reverse.)
To	the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-504, Idaho Code, gives notice of adoption of an Assumed B	the undersigned
1.	The assumed business name which the under business is: KR ExtenPRISES	rsigned use(s) in the transaction of
2.	The true name(s) and business address(es) of business under the assumed business name	is/are:
	<u>Name</u>	Complete Address
	Northwest Paramedic Associates	
	Inc. (C-115596)	Caldwell, Tablo 83600
3.	The general type of business transacted under (mark only those that apply)	er the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
4.	The name and address to which future Photogrespondence should be addressed:	one number (optional):
	Robb Hickey	Submit Certificate of
		Assumed Business
	304 Palo Alto Dr	Name and \$20.00 fee to:
	Caldwell, TD 83605	Secretary of State 700 West Jefferson
5	Name and address for this acknowledgment	Basement West
O.	CODY is (if other than #4 above):	PO Box 83720
	KR Enterprises	Boise ID 83720-0080 208 334-2301
	Robb Hickey	Secretary of State use only
i.		IDAHO SECRETARY OF STATE 99/19/2001 05:00 CK: 1455 CT: 151480 BH: 419938

20.00 = 20.00 ASSUM NAME # 2

D48462

Signature: Valdwerth VD 83605

Printed Name: Robb Hickey

Capacity: Partner