

## 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.

2013 NOV -1 AM 8: 50

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: Mercy Medical Supplies & Equipment 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Gil Sierra 3280 Keska Ln New Meadows, ID 83654 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction ■ Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Mercy Medical Supplies & Equipment Boise ID 83720-0080 PO Box 756 208 334-2301 New Meadows, Idaho 83654 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Mercy Medical Supplies & Equipment PO Box 756 **New Meadows** Secretary of State use only Signature: Printed Name: Capacity/Title:

IDANO SECRETARY OF STATE
11/01/2013 05:00
CK: 18998 CT: 289237 BH: 1396353
1 8 25.00 = 25.00 ASSUM NAME # 3

Signature:

Printed Name: 614

Capacity/Title: Note: