



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.

03 JAN -8 PM 3:16

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

GEM STATE HEALTH CLAIMS

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

<u>Name</u>	<u>Complete Address</u>
<u>Rhonda Blickfeldt</u>	<u>9733 W. Lost Horse St., Kuna, ID</u> <u>83634</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Rhonda Blickfeldt
9733 W. Lost Horse St
Kuna, ID 83634

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

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

Same

Phone number (optional):

208-362-16955

Signature: _____

Rhonda Blickfeldt
(signature required)

Printed Name: _____

Rhonda Blickfeldt

Capacity/Title: _____

owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn p65
Revised 09/2002

IDAHO SECRETARY OF STATE
01/08/2003 05:00
CK: 3406 CT: 158010 BH: 655579
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 6/258