

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

53 OCT 15 AM 11:26

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

DayStar Diagnostics

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

Name _____

Complete Address

Name: Jessica S. Davidson 2309 Sherwood Dr.
Beau M. Davidson Twins Falls, ID 83301

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name:

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

DayStar Diagnostics
2309 Shearwood Dr
Twin Falls ID 83301

**Submit Certificate of
Assumed Business
Name and \$25.00 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):**

Phone number (optional):

(208) 539-6399

Secretary of State use only

Signature:

Printed Name: _____

Capacity/Title:

(see instruction # 8 on back of form)

2000

IDAHO SECRETARY OF STATE

10/15/2003 05:00

CK: 1015113428477SLD CT: 172899 BH: 70662

1 @ 25.00 = 25.00 ASSUM NAME # 2

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