

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

11 AUG 15 AM 9: 17

SECHLARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

Capacity/Title: Owner

Capacity/Title:

Signature:

Printed Name:

1. The assumed business name which the undersigned use(s) in the transaction of business is: Trish's Angel Nursing Services 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** Patricia W. Gannon Rn 4427 E 375 n Kigby, ID 83442 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade **Agriculture** Services 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 Trish's Angel Nursing Services Boise ID 83720-0080 44178 375 n 208 334-2301 ID 83445 5. Name and address for this acknowledgment CODY IS (if other than #4 above): Secretary of State use only Signature: Yatricia W. Jonnon, Rn Printed Name: Patricia W. Gannon, RA

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