

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2016 DEC 28 PM 4:24

SECRETARY OF STATE  
STATE OF IDAHO

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

Injury Care Paramedics

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

C 180948  
Injury Care Emergency Medical Services PC 4850 N. Rosepoint Way, Ste 100, Boise, ID 83713

(Name) WIAZALUB (Address)

Resilient Transport, LLC 7283 E. Saxton Ln., Nampa, ID 83687

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

4850 N. Rosepoint Way

(Name)

Ste 100

(Address)

Boise, ID 83713

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Richard Radnovich

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

12/28/2016 05:00

CK:4455712 CT:172099 BH:1561311

1@ 25.00 = 25.00 ASSUM NAME #2

D191132