

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.

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Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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The assumed business name which the unbusiness is:	
Idaho Midwifery Con	uncil
The true name(s) and <u>business</u> address(es business under the assumed business named busine	
<u>Name</u>	Complete Address
Paula Wiens	905 Ressequie Boise, 1D 83702
<u>Kendra Scarlett</u>	Rt. 1 Box 2755 Bonners Ferry, 10 83805
Barbara Rawlings	Rt. 1 Box 522 Bonners Ferry, 10 83805
	n and Public Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Paula Wiens 905 Resseguie Boisc, 10 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgments (if other than # 4 above). 	Phone number (optional): 208 880 - 5122
	Secretary of State use only
Signature: <u>Paula Wiens</u> Printed Name: <u>Paula Wiens</u> Capacity/Title: Treasurer Idaho Midwifer	IDAHO SECRETARY OF STATE 100000000000000000000000000000000000