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CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2017 JUL 26 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

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

Gooding Pharmacy at North Canyon Medical Center

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):

Gooding Pharmacy, Inc. 405 Nicole Drive, Jerome, ID 83338

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☒ Retail Trade

☐ Wholesale Trade

☐ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Jason Reading

(Name)

405 Nicole Drive

(Address)

Jerome, ID 83338

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jason Reading

Signature: Jason A Reading

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2016

Secretary of State use only

IDAHO SECRETARY OF STATE

07/26/2017 05:00

CK:4051 CT:206593 BH:1595262

1@ 25.00 = 25.00 ASSUM NAME #2

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