## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

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



Optim Occupat	ional Health	Services
The true name(s) and business address(e business under the assumed business na Name	ime:	Complete Address
Kriste L. Crane	612	W. Two Rivers Drive, Eagle, ID 83616
3. The general type of business transacted u	inder the a	assumed business name is:
Retail Trade Transportation	on and Pul	olic Utilities
☐ Wholesale Trade ☐ Construction		
Services Agriculture	•	Contract Contract
☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	<b>a</b>	Name and \$25.00 fee to:
4. The name and address to which future	•	Sooratary of State
correspondence should be addressed:		Secretary of State 700 West Jefferson
		Basement West
Kriste L. Crane		PO Box 83720
612 W. Two Rivers Drive		Boise ID 83720-0080
Eagle, ID 83616		208 334-2301
5. Name and address for this acknowledgment		Phone number (optional):
COPy is (if other than # 4 above):		939-2250
		Secretary of State use only
	l <sub>so</sub>	
Karti C.	abn.p65	
nature: CUTL, Crave (signature required)	steion formstabn.p65 sed 04/2003	

Owner

(see instruction # 8 on back of form)

Capacity/Title:

IDAHO SECRETARY OF STATE K: 1861 CT: 158818 BH: 1819168 8 25.80 = 25.80 ASSUM NAME # 2

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