



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 FEB 22 AM 9:31

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Goode Health Solutions

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Joni Goode</u>	<u>7250 Sweet-Ola Hwy ID.</u>
<u>Keith Goode</u>	<u>" " " 83670</u>

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

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

4. The name and address to which future correspondence should be addressed:

Joni Goode
7250 Sweet-Ola Hwy
Sweet ID 83670

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

Same

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Joni Goode
Printed Name: Joni Goode
Capacity/Title: owner
Signature: Keith Goode
Printed Name: Keith Goode
Capacity/Title: _____

IDAHO SECRETARY OF STATE
02/22/2013 05:00
CK: 100 CT: 279734 BH: 1361392
1 @ 25.00 = 25.00 ASSUM NAME # 2

D161213