



CERTIFICATE OF ASSUMED BUSINESS NAME

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

05 JAN 27 AM 10:17

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

MEDISTAR CABULANCE

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

Name

Complete Address

CARL A. PAPERFUSS

3929 OVERLAND RD, BOISE, ID 83705

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Carl Paperfuss dba Medistar Cabulance
PO Box 15749
BOISE ID 83715

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208 345 6245

Signature: _____

(signature required)

Printed Name: _____

CARL A. PAPERFUSS

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/27/2004 05:00
CK: 1916 CT: 158818 BH: 723970
1 @ 25.00 = 25.00 ASSUM NAME # 3