

CERTIFICATE OF ASSUMED BUSINESS NAME

06 MAR 24 PM 4: 05

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

SECRETATA OF STATE STATE OF IDAHO

Please type or print legibly.

(see instruction # 8 on back of form) COLSILTMO,

NOTE: See instructions on reverse before filing	g.
The assumed business name which the undersign business is:	
IDAHO PRESSURE WLAER PREVER	STION COALITION
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	· I
MATALEE SMITH ST.LUKE	15 PLMC , 90 E BANNOCK BOLSE, IP
STACY SCHOOLUER GODING	CARE CTR. 1220 MONTHINA GOODING, ID 8 3330
3. The general type of business transacted under the assumed business name is:	
Retail Trade	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 Phone number (optional):
· ·	Secretary of State use only
Signature: My Ulirly Printed Name: HOLLY OLIVE Capacity/Title: HEACTHOARE IMPROVEMENT	P97961
Signature: Manual William (signature required) Printed Name: Houy Outle	IDAHO SECRETARY OF STATE 93/24/2006 05:00
Capacity/Title: HEACTHCARE IMPROVEMENT	CK: CASH CT: 158010 BH: 945431 1 8 25.00 = 25.00 ASSUM NAME # 3