



# 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.**

**FILED/EFFECTIVE**  
02 MAR 11 AM 10:32  
STATE OF IDAHO

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

MED-LIFE

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>
<i>ck From</i> <u>JERRY F. WARD</u>	<u>2619 BEVERLY</u>
	<u>BOISE IDAHO</u>
	<u>83709</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 type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

MED-LIFE  
2619 BEVERLY  
BOISE IDAHO 83709

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Jerry F. WARD  
Printed Name: JERRY F. WARD  
Capacity/Title: OWNER

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Phone number (optional):

(208) 362-4428

Secretary of State use only

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Revised 12/2001

IDAHO SECRETARY OF STATE  
03/11/2002 05:00  
CK: 3808 CT: 150010 BH: 451002  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 52764