



# 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

APR 17 11:29 AM  
STATE OF IDAHO

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

ORGAN TRANSPLANTATION TRUST FUND MARLENE RAGLAND

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

JIMMY L. RAGLAND

4509 W. SAINT ANDREWS DR  
SAINT

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:

JIMMY L. RAGLAND

4509 W Saint Andrews Dr  
Boise, Idaho 83708

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

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):

Secretary of State use only

Signature: Jimmy L Ragland  
(signature required)

Printed Name: Jimmy L Ragland

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE  
03/07/2003 05:00  
CK: CASH CT: 150010 BH: 667192  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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