227

FILED EFFECTIVE

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.

08 AUG -8 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

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

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
Marcia Andersen	P.O. Box 125, Salmon, ID 83467

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

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

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

MARCIA ANDERSEN
P.O. Box 125
Salmon, ID 83467

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

Same as #4

Phone number (optional): 208 756 7528

Secretary of State use only

Signature: Marcia Andersen (signature required)

Printed Name: MARCIA ANDERSEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
08/08/2008 05:00
CK: 1688 CT: 228636 BH: 1130779
1 @ 25.00 = 25.00 ASSUM NAME # 2

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