



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 DEC 18 AM 9:31

SECRETARY OF STATE
STATE OF IDAHO

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

Compassionate Care Pediatric Home

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Tyrell Zierke 1248 Sierra Lane/PO Box 166 Naples Idaho 83847

(Name) (Address)

Sara Murinko 304 4th Street Wallace Idaho 83873

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Tyrell Zierke

(Name)

PO Box 166

(Address)

Naples ID 83847

(City) (State) (Zipcode)

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

Sara Murinko

(Name)

304 4th Street

(Address)

Wallace ID 83873

(City) (State) (Zipcode)

Printed Name: Tyrell Zierke

Signature: *Tyrell Zierke*

Printed Name: Sara Murinko

Signature: *Sara Murinko*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/18/2017 05:00

CK:863091 CT:349845 BH:1616825
1@ 25.00 = 25.00 ASSUM NAME #2

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