

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 OCT -7 AM 7:44

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Personal Injury Plus

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

Patrick J. Wardian

c/o Patrick J. Wardian

Dan Brownell

1875 N. Lakewood Drive, Ste. #100

Steve Masterson

Coeur d' Alene, ID 83814

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:

Patrick J. Wardian

1875 N. Lakewood Drive, Ste. #100

Coeur d' Alene, ID 83814

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

(same)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Patrick J. Wardian

Printed Name: Patrick J. Wardian

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

abr.pmd Rev.07/2010

IDAHO SECRETARY OF STATE
10/07/2011 05:00
CK: 803265 CT: 172099 BH: 1293420
1 @ 25.00 = 25.00 ASSUM NAME # 2

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