



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name.

01 SEP 21 AM 9:07

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

Northern Trails Wound Care, Inc. Dist.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
Jane Pfliger	<del>2000 North 1st St. Boise, ID 83720</del>
Pam Schepc	
Cherie Rash	3731 21st St "E", Lewiston, ID 83501
Kathy Elliott	<del>2000 North 1st St. Boise, ID 83720</del>
Carly Thrasher	

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Northern Trails Wound Care, Dist.

3731 21st St. "E"

Lewiston, ID 83501

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

Secretary of State use only

Signature: Kathy G. Elliott

Printed Name: Kathy G. Elliott

Capacity: General Partner

(see instruction # 8 on back of form)

Revision 1038

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IDAHO SECRETARY OF STATE  
09/21/2001 05:00  
CK: 1247 CT: 151571 BH: 420445  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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