

227



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

2009 FEB 12 AM 8:12

SECRETARY OF STATE
STATE OF IDAHO

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

Pend Oreille Health Care

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

Michelle M. Anderson, FNP ~~PA~~ P.A.

710 Superior Street, Suite B, Sandpoint, ID 83864

C. 181800

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Michelle M. Anderson, FNP

710 Superior Street, Suite B

Sandpoint, ID 83864

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: *Michelle M. Anderson*

(signature required)

Printed Name: Michelle M. Anderson

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

C:\comp\information\form\mba\mba5
Revised 04/2003

IDAHO SECRETARY OF STATE
02/12/2009 05:00
CK: 208071 CT: 172099 BH: 1156632
1 @ 25.00 = 25.00 ASSUM NAME # 2

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