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## **CERTIFICATE OF ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

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

2016 AUG 31 PM 2: 05

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

## Rathdrum Pharmacy

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):

	Medicine Lodge, Inc.	PO Box 989, Rathdrum, ID 83858				
	(Name) (C209101)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)			······	
3.	The general type of business transacted under the assumed business name is:					
	<ul> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Services</li> </ul>	<ul> <li>Construction</li> <li>Agriculture</li> <li>Manufacturing</li> </ul>		Mining	tation and Public L Insurance, and Re	
4.	Mailing address for future co	orrespondence:	5.	Name and addre copy is (if other than	ess for this acknow	vledgment
	Medicine Lodge, Inc.			<u>(n/a)</u>		
	(Name) PO Box 989			(Name)		
	(Address) Rathdrum, ID 83858			(Address)		
		tate) (Zipcode)		(City)	(State)	(Zipcode)
Pri	nted Name: Michael D. Gilbe	:rt	[	Secre	etary of State use only	
Sig	nature: <u>MiMael D</u>	Filler		IDF	HO SECRETARY OF S	TATE
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