



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUL 17 AM 8:25

SECRETARY OF STATE
STATE OF IDAHO

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

TETON PHARMACY IN AMMON

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):

Teton Clinical Pharmacy INC 2470 JAFER CRT IDAHO FALLS ID 83404

(Name) CT0306 (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

TETON CLINICAL PHARMACY INC

(Name)

2470 JAFER CT

(Address)

IDAHO FALLS ID 83404

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Jason M. Bailey

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/17/2017 05:00

CK:14002498 CT:172099 BH:1593695

1@ 25.00 = 25.00 ASSUM NAME #2

D145804