



# 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  
02 APR 18 AM 9:04  
SECRETARY OF STATE  
STATE OF IDAHO

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

CLICKS AND COLLECTIBLES

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

Name

EMED STRATEGIES, LLC

(W-15570)

Complete Address

2045 E LOOKOUT DR

COEUR D'ALENE, ID 83815

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:

EMED STRATEGIES, LLC

2045 E LOOKOUT DR

COEUR D'ALENE, ID 83815

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

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

Phone number (optional):

208-762-7839

Signature: \_\_\_\_\_

(signature required)

Printed Name: THOMAS A. SLATER

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn forms\abn.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
04/18/2002 05:00  
CK: 1029 CT: 150010 BH: 460148  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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