



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2018 JUN -8 PM 2:16

SECRETARY OF STATE
STATE OF IDAHO

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

Treasure Valley Senior Foot Care

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):

Lynelle K Socha 8401 S. Clarendale Rd. Boise ID 83709
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Lynelle Socha
(Name)
8401 S. Clarendale Rd
(Address)
Boise ID 83709
(City) (State) (Zipcode)

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

NA
(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Lynelle K. Socha

Signature: Lynelle K. Socha

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2018 05:00

CK:3010 CT:358936 BH:1647952
1@ 25.00 = 25.00 ASSUM NAME #2

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