



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV 14 AM 11:54
SECRETARY OF STATE
STATE OF IDAHO

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

ACHC 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):

Adams County Health Center, PO Box 428 Council, ID 83612

(Name) ADAMS COUNTY HEALTH CENTER, INC (Address)

(Name) C170933 (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:

Adams County Health Center Inc.

(Name) _____

PO Box 428

(Address) _____

Council ID 83612

(City) _____ (State) _____ (Zipcode) _____

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

(Name) _____

(Address) _____

(City) _____ (State) _____ (Zipcode) _____

Printed Name: Shirley Halsey

Signature: Shirley Halsey

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/15/2016 05:00

CK:26040 CT:208600 BH:1555099

1@ 25.00 = 25.00 ASSUM NAME #2

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