



**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.
Instructions are included on back of application.

FILED EFFECTIVE

11 JUN 13 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

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

Olson's Modern Drug

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

<u>Name</u>	<u>Complete Address</u>
<u>Genesis Medical Laser LLC</u>	<u>762 Washington</u>
<u>W 82639</u>	<u>Montpelier Id 83254</u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

Leandra Olson
762 Washington
Montpelier Id 83254

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

Leandra Olson

Signature: Leandra Olson

Printed Name: Leandra Olson

Capacity/Title: co-owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDaho SECRETARY OF STATE
06/13/2011 05:00
 CK: 10053 CT: 259753 BH: 1278147
 1 @ 25.00 = 25.00 ASSUM NAME # 2