



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

2014 JAN 10 PM 4:04

SECRETARY OF STATE
STATE OF IDAHO

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

Advanced Practice Solutions

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>Darin Tucker</u>	<u>6750 Barney Lane Meridian, ID</u>	83646
<u>Mike Emerich</u>	<u>5795 Wellspring Way, Boise, ID</u>	83713

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:

Darin Tucker
6750 Barney Lane
Meridian, ID 83646

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

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

Signature: Darin Tucker

Printed Name: Darin Tucker

Capacity/Title: CEO

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

D168038

IDAHO SECRETARY OF STATE
01/10/2014 05:00
CK: 679 CT: 193208 BH: 1405404
1 @ 25.00 = 25.00 ASSUM. NAME # 2