



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR 18 PM 4:09

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction
- Idaho Recovery
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):

AAA AmericanHealthcarellc 1301 East 17th Street #5

(Name)

WL19563

(Name)

(Name)

(Name)

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:

1301 East 17th Street #5

(Name)

1301 East 17th Street #5

(Address)

Idaho Falls

ID

83404

(City)

(State)

(Zip Code)

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

(Name)

(Address)

(City)

(State)

(Zip Code)

Printed Name: Alban Hatch

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

03/18/2016 05:00

CK:3704256 CT:172099 BH:1519469

10 25.00 = 25.00 ASSUM NAME #2

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